

# Ilam Lifecare Limited - Ilam Lifecare

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Ilam Lifecare Limited
<b>Premises audited:</b>	Ilam Lifecare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 17 August 2023 End date: 18 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	80

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Arvida Ilam Lifecare is located in Christchurch and provides hospital (geriatric and medical) and rest home care for up to 121 residents. There were 80 residents on the days of audit. Arvida Group is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of residents at all levels of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The service continues to make environmental improvements.

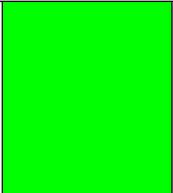
The village manager (non-clinical) is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager and a team of registered nurses and wellness partners.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified a shortfall around education.

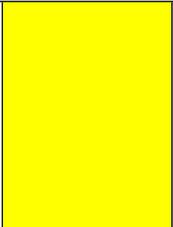
The service is awarded a continuous improvement rating for menu development.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Arvida Ilam Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support and encourage a Māori worldview of health. Arvida Ilam Lifecare provides high-quality, effective services for residents and supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support residents in a way that respects their identity, culture and experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager supported by a clinical manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Ilam Lifecare has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Ilam Lifecare collates clinical indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation, staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care, support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and wellness partners (caregivers) are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The wellness leader, and a wellness partner provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Planned exits, discharges or transfers were coordinated.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

The dementia unit is secure with a secure outdoor area. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single occupancy. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

## Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation. The infection control policies provide information and resources to guide staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. There is a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Several Covid-19 outbreaks have been documented and reported since the previous audit. These have been managed well.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is governance commitment to minimise restraint use in their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there was one hospital resident using restraint. Restraint is used as a last resort, only when all other alternatives have been explored. Restraint minimisation training for all staff occurs at orientation and annually.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	1	174	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Arvida Ilam Lifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Evidence is documented in the resident care plan.</p> <p>The Māori Health plan supports increasing Māori capacity within the workforce. At the time of the audit there were staff who identified as Māori. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with, and for the benefit of Māori. Arvida has an established Māori advisory group which includes a contracted Māori advisor who is based in Christchurch and has Whakapapa connections and knowledge and lived experience of te ao Māori.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Seventeen wellness care staff interviewed (five registered nurses (RN),</p>

		ten wellness partners (caregivers) and two wellness leaders) described how care is based on the resident's individual values and beliefs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan: Arvida Ola Manuia plan is in place. Staff have been introduced to the Fonofale model. On admission all residents state their ethnicity. There are currently residents that identify as Pasifika. Resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The clinical manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida Ilam Lifecare has a staff member who is the Pacific advisor for Arvida who collaborates with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pasifika services information is available through He Ara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required. The service is actively recruiting new staff. There are staff that identify as Pasifika. Arvida Ilam Lifecare has linkages with local Pacific community groups, i.e. Christchurch Fijian Church through connections with their Pasifika staff. The village manager described how Arvida Ilam Lifecare increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with 22 staff (17 wellness care staff, one kitchen manager, one maintenance supervisor, one support services team leader, one laundry assistant and one administration/training coordinator) and three managers (one village manager, one clinical manager and one head of clinical quality) and documentation reviewed identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly household meetings. Eight residents (three hospital and five rest home including three in the serviced apartments) and five family/whānau (two dementia, one hospital and two rest home including one in the serviced apartments) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and is included in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support, these are documented in the My Rights During Service Delivery policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation, and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Wellness staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and</p>

		<p>families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. The current survey questionnaire is now with residents and family/whānau. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were two married couples at the time of the audit; however, they did not share rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and discrimination policy is being implemented. Arvida's policies prevent any form of acknowledgement of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on patient/resident wellbeing and to improve Māori health outcomes through clinical</p>

		<p>assessments of practice through education sessions.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff survey for November 2022 evidence a supportive working environment that promotes teamwork. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. The Arvida model of care is based on the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori. Each of the households work together to design their own preferences for the specific group. Residents and staff discussed resources needed and changes to the way the area functions. For example, wakeup times were removed, and residents are now able to sleep and wake at times of their choosing. Breakfast is served to residents when it suits them.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>There are policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an adverse event. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Support strategies and</p>

		<p>interpretation services are documented to assist with communication needs when required. There was one resident that could not speak English. Staff interviewed explain how they use family to interpret and phone translation applications and cue cards.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice/ Nurse Maude and Te Whatu Ora - Waitaha Canterbury specialist services. Dietitians support nutritional consultation. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19, through emails, regular newsletters, and household meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Nine electronic resident files were reviewed. Written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident or enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the</p>

<p>their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>activated EPOA. The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity was on file (as sighted in the dementia files).</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the wellness partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and on the electronic resident management system. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and are available in the complaint register. There have been three complaints made since the last audit in November 2021, three complaints received in 2022 and no complaints have been made in 2023 year to date. All complaints reviewed included acknowledgement,</p>

		<p>investigation, follow up and replies to the complainant. There were no trends identified and all complaints are closed as resolved to the satisfaction of the complainant.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident (household) meetings are held monthly where concerns can be raised. Family/whānau confirmed during their interview that the clinical manager and village manager are available to listen to concerns and act promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ilam Lifecare is owned and operated by the Arvida Group. The service provides care for up to 121 residents in total, 76 beds in the care centre, including 22 rest home, 34 hospital and 20 dementia beds. There are also 45 serviced apartments certified for rest home level care. There are three dual purpose beds in the rest home which were occupied with rest home residents at the time of the audit. At the time of the audit there were 80 residents in total, including 18 rest home residents, 30 hospital residents, 20 residents in the dementia unit (including one resident with close to age approval) and 12 rest home residents in the serviced apartments. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic</p>

	<p>direction. The overall goal is to engage the resident as a partner in care – this puts the resident at the centre of care, directing care where they are able and being supported by and with family/whānau as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and records progress towards the achievement of these goals.</p> <p>Arvida’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers. Clinical governance is supported by the head of clinical quality, head of clinical governance and head of wellness and compliance.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The establishment of Māori and health equity advisory group guide vision, practice, and development to improve the outcomes that achieve equity for Māori. The village manager oversees the implementation of the quality plan. The clinical managers provide regular reporting to the village manager, which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or</p>
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	<p>the goal is achieved.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Arvida Group contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti and tikanga Māori training. There is a Pacific advisor (staff member at Arvida Ilam Lifecare) that assists the organisation with the implementation of the Pacific health plan.</p> <p>The working practices at Arvida Ilam Lifecare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are always respectful of the resident's preferences, expectations, and choices; recognising that the resident and whānau must be at the heart of all decision making. It involves all staff in every village, and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme, to support a resident centric environment.</p> <p>The village manager (non-clinical) has been in the role at Arvida Ilam Lifecare for 19 months and has management experience for over 25 years. The village manager is supported by an experienced clinical manager that has been in the role for three years and at Arvida for 17 years who is supported by four clinical coordinators in the rest home, hospital, dementia, and serviced apartment units. The management team are supported by Arvida head of clinical quality (present at the time of the audit) and head of wellness and compliance.</p> <p>The village manager and clinical manager have completed in excess of eight hours of professional development since commencement of their employment.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida Ilam Lifecare is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement/management and health and safety meetings, bimonthly clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements are documented, monitored, and reported on. The service is awarded a continuous improvement rating for menu development.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed at least every three years. The Māori advisory group and Māori advisor support review of policies to provide a critical analysis to practice, improving health equity. New policies or changes to a policy are communicated to staff. Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The resident and family satisfaction surveys (December 2022) has been completed with overall satisfaction. High levels of satisfaction were indicated for safety/security, grounds/outdoor areas, and community spaces. Corrective actions are in place around the activities programme, cleaning and village manager and clinical manager presence in household meetings. A health and safety system is in</p>

		<p>place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). There are monthly meetings with the national health and safety manager. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Electronic reports are completed for each incident/accident. A severity risk rating is given and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical manager in consultation with the allied staff, RNs, and wellness partners. The system escalates alerts to senior team members depending on the risk level. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and other aged care provider groups. Results are discussed in the quality and staff meetings.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications completed to notify HealthCERT since the last audit, including one resident absconding in November 2022 and two pressure injuries (stage 3) in April and July 2023. There have been ten Covid-19 outbreaks recorded since the last audit, two in 2023 year to date (March and April) and eight in 2022. All outbreaks were well managed and reported to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally</p>	<p>PA Low</p>	<p>Arvida Ilam Lifecare has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The service has a total of 124 staff in various roles. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The clinical manager and the clinical coordinators work 40 hours per week and are available on call after hours for any operational</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>and clinical concerns, respectively. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are designated activities, food services, cleaning, and laundry staff seven days a week. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. The wellness partners interviewed stated that they have sufficient staffing levels. The clinical manager interviewed stated the number of wellness partners will accommodate any immediate new admissions. All senior wellness partners are medication competent.</p> <p>There is an annual education and training schedule that has been completed for 2022 and being implemented for 2023. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury, aged concern and Nurse Maude. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>Arvida Ilam Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 72 wellness partners employed. Four wellness partners have achieved level two, 13 have completed level three and 42 have completed level four NZQA qualification. There are 14 staff who are employed in the dementia unit. Five have completed the required standards, nine have not yet completed the standards and seven have been in the service for less than 18 months; two have worked at the service for longer than the required 18-month period. All staff are required to complete competency assessments as part of their orientation. All wellness partners are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), medication, handwashing, insulin administration and cultural competencies.</p> <p>Registered nurses' complete competencies including restraint,</p>
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		<p>medication competency (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. A record of completion is maintained on an electronic register. Six of twelve RNs are interRAI trained. All RNs are encouraged to attend in-service training and have completed training around infection control including Covid-19 preparedness, effective communication in the care setting, management of diabetes, dementia, and delirium. Staff wellness is supported by Wellness New Zealand and an employee assistant programme (EAP) is available. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate in an annual staff survey.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, staff training and development. Electronic staff files are held securely. Twelve staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff that had been in employment for more than 12 months have had an annual appraisal completed, and a three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive induction is provided, which includes a training in the Attitude of Living Well (which focuses on resident led care). An administration/training coordinator assists with the implementation of the orientation and assists staff when first starting. There are competent trainers to ensure manual handling and transfer competencies are completed (both received formal training). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to</p>

		<p>Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a locked secure bin on site, as well as a document shredder for immediate document destruction. The village manager is the privacy officer and has to approve requests for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	FA	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Eight admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>

<p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. A clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>The service maintains a record of entry and decline rates as per policy. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. Resident's ethnicity data is captured, analysed, and reported against to identify inequity trends comparative to ethnicity. The analysis is completed by Arvida Group support office and results shared with facilities. The service has relationships with local Māori communities and access to health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed (four from the dementia unit, two from the rest home and three hospital). One resident in the dementia unit was under 65 (closed to age approval). Registered nurses (RNs) are responsible for conducting all assessments and the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes.</p> <p>All residents have admission assessment information collected and an interim care plan completed at time of admission. InterRAI assessments and reassessments for residents on the ARRC contract have been completed as per contract timeframes. Assessments, including the interRAI assessment outcomes, form the basis of the care plans. The long-term care plans were developed and reviewed</p>

	<p>within expected timeframes, and had comprehensive holistic interventions documented to meet all medical needs and social preferences.</p> <p>The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents in the dementia unit. Triggers were identified, where applicable, and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts.</p> <p>Residents and family/whānau representatives of choice and EPOAs for residents in the dementia unit confirmed they were involved in the assessment and care planning processes, as confirmed in interviews with residents, family/whānau and EPOAs. Long-term care plans address cultural needs, medical and physical needs. Care plans are holistic in nature and reflect a person-centred model of care (Attitude of Living Well) that give tāngata whaikaha choice and control over their supports. Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan. There were no residents who identify as Māori; files reviewed had appropriate cultural considerations and interventions detailed in their electronic care plans. Cultural assessment details are woven through all sections of the care plan. Resident's specific goals (pae ora outcomes) are documented and the interventions on how to achieve them.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident three-monthly. The service has two contracted GP's who each visit weekly. The GP interviewed provides after hours support for prescription changes, telephone consultations and end of life care. Outside of this, there is a 24 hour after hour service available if required. The clinical manager is also available for after-hours calls and advice. On interview, the GP expressed satisfaction with the care. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability</p>
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	<p>services. Allied health and specialist interventions were documented and integrated into care plans (eg, podiatry, dietitian, older persons mental health team, ear health nurse, occupational therapist, and speech language therapy). A physiotherapist visits weekly for a total of six hours.</p> <p>Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the resident and family/whānau. The goals are evaluated six-monthly, and the degree of outcomes/achievement are documented. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily and as necessary by wellness partners and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with the GP. Family/whānau are notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. There were 24 wounds documented in the current wound register. This included four residents with pressure injuries (one stage one, two stage two and one stage three), one diabetic necrotic ulcer, skin lesions, a surgical wound, arterial ulcers, abrasions, and skin tears. Pressure injury prevention strategies and equipment is documented in the care plan. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and RNs complete monitoring charts, including (but not limited to): blood pressure; weight; food and</p>
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		<p>fluid chart; pain; and behaviour. Electronic incident reports reviewed evidenced a clinical assessment and follow up by a RN. Neurological observations are recorded for suspected head injuries and unwitnessed falls. Family/whānau are notified following adverse events. Opportunities to minimise future risks are identified by the clinical manager, who reviews every adverse event.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two wellness leaders who lead the activities programme, and one has a level 4 qualification in health and wellbeing. One wellness leader is allocated to the hospital wing (Monday, Thursdays, and Fridays 8.30am -2.30pm). One wellness leader oversees the rest home, dementia unit and serviced apartments, and works Monday to Fridays from 8am-4.30pm). They are supported by wellness partners to implement the activities programme. Both wellness leaders have first aid certificates. The overall programme has an integrated resident led activities programme that is appropriate for all residents.</p> <p>The activities programme is supported by the `Attitude of Living Well` framework that covers every aspect of life and focus on the five pillars of health: eating well, moving well, thinking well, resting well, and engaging well. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities.</p> <p>The activities are displayed in large print on all noticeboards and residents have copies in their rooms. Activities include exercises; Tai Chi; reading news; quizzes; board games; housie; happy hour; mobile library, walking groups; van drives; pet therapy; cooking and crafts. On the day of audit, residents were participating in exercises, music therapy and housie. The programme allows for flexibility and resident choice of activity. One-on-one activities are available, as well as group activities. There are plentiful resources available to facilitate activities including online Aged Care Leisure and Lifestyle resources. The facility has a raised vegetable garden and garden areas which are tended by residents. Rest home residents in the serviced apartments join the main activities as they wish. Some outings are facilitated by Arvida `Good Friends` with visits to the recreation centre at a sister facility which includes a café, gym, and brain tree centre. A number of</p>

	<p>volunteers are utilised as entertainers.</p> <p>Activities for residents in the secure dementia unit are specific to the physical and sensory needs and abilities of the people living with dementia and include household chores. The enclosed courtyard in the dementia unit was rejuvenated to provide a sensory experience; a space with sensory planting that include plenty of colour, touch and scent that increased sensory stimulation following advice from the Arvida Dementia Advisor. Activities that were usually held inside are now occurring outside (weather permitting) including puzzle games, bowls, art, and trivia time. The relocation of furniture has resulted in the courtyard becoming a multi- use space for relaxation and social events. There are seating areas where quieter activities can occur.</p> <p>Combined activities are provided when external entertainers are invited and residents from the secure dementia unit are escorted to join the activities. The wellness leaders stated that the activities in the secure dementia unit were flexible and can be changed to meet the needs of the residents. Care plans reviewed identified that 24-hour activity plans were completed for residents in the dementia unit to assist wellness partners to provide strategies that is successful to manage certain behaviours.</p> <p>There are regular weekly van outings. Church services are held weekly. Residents are encouraged to maintain links to the community.</p> <p>Cultural events that facilitate opportunities for participation in te ao Māori include celebration of Matariki and Waitangi Day. Māori artwork and words were displayed throughout the facility. Te reo Māori language week was observed. Daily activities attendance records were maintained.</p> <p>A resident social profile includes `About me` and `life history`, that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and suggestions through resident/ household meetings and surveys. The residents and family/whānau interviewed were very happy with the variety of activities provided.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. All medications are administered from prepacked blister packs. An RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering medications on the days of audit. There are assessments and processes in place should any resident wish to do this. No standing orders were in use and no vaccines are kept on site.</p> <p>The medication trollies are locked away when not in use; keys are kept securely. The daily medication fridge temperatures and room air temperatures are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening.</p> <p>Eighteen medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice, and treatment for Māori residents (if any) is incorporated into medication management.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. A medication audit was last completed and included a pharmacy audit as</p>
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		per the audit schedule and corrective actions were implemented where required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A kitchen manager oversees food services. All meals and baking are prepared and cooked on site. There is an approved food control plan, and this was verified in April 2023. There is a second cook and a team of kitchen hands; one kitchen assistant is placed full time in the hospital area to assist with dishwashing, fluid rounds and food service. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Arvida dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager confirmed to have a good understanding of International Dysphagia Diet Standardisation Initiative framework (IDDSI).</p> <p>The menu provides pureed/soft meals and has been approved by the Arvida dietitian. The service caters for residents who require texture modified diets and other foods. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated and alternatives offered. Fridge and freezer temperatures are recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves.</p> <p>Chemicals are stored safely, and safety datasheets are available. Staff completed chemical training in October 2022.</p> <p>The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the rest home and dementia rooms. Meals are delivered in the bain-marie to the serviced apartments and dementia unit kitchenette for serving. Food is transported through the food elevator (dumbwaiter) to the hospital unit; received by a full-time kitchen assistant that will transfer the food into the bain-marie, plate and serve. Food temperatures are recorded at</p>

		<p>each stage of the food service. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are tea and coffee making areas available for residents and families/whānau to use. Additional snacks are available for residents 24/7. Finger foods, fruit and sandwich platters and specialised utensils are available to residents when required.</p> <p>Residents provide verbal feedback on the meals through the resident (household) meetings, which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals on request; there is access to a cultural menu on the Arvida intranet when required. Residents are offered choices at each meal. Resident surveys are completed annually. The December 2022 survey results evidenced a marked improvement on food service-related results from the previous year. Residents interviewed expressed their satisfaction with the meal service and the second options available. A continuous improvement rating is allocated for the menu development. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes in conjunction with the clinical staff for weight loss.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services. Residents and whānau are supported to access other health and disability services and kaupapa</p>

coordinate a supported transition of care or support.		Māori agencies.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a building warrant of fitness, expiring 1 September 2023. The environment is inclusive of peoples' cultures and supports cultural practices. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance supervisor and a contracted gardener. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical checks, test, and tag of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Facility temperatures and quality of air is monitored. This plan comes from Arvida Group support office and is adjusted to meet the facility's needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor (May 2023). Annual checking and calibration of medical equipment, hoists and scales was completed in October 2022. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The service continues to refurbish care rooms as they become available. There were eight rooms under refurbishment.</p> <p>There are external areas and gardens, which are easily accessible (including for wheelchairs) with seating and shaded areas.</p> <p>The rest home, secure dementia unit, reception area, laundry and kitchen are situated on the ground floor. The rest home (Randolph) has 22 care beds and secure dementia unit (Cressy) has 20 care beds. There are three dual purpose rooms in Randolph wing.</p> <p>There are lift and stair access to the hospital unit with 34 beds (Charlotte Jane wing) on the first floor; both lifts are spacious to provide for ambulance transfer equipment.</p> <p>The facility has four separate dining areas for each area including the</p>

	<p>serviced apartments. The main dining room is adjacent to the kitchen and caters for the more independent residents. A lounge area at the end of the hospital unit provides an area for residents requiring assistance. The serviced apartments have an open plan lounge/dining room and there is a serviced apartment communal dining room with kitchenette. There is a main lounge and a smaller lounge at the end of each wing. Additionally, there are several smaller areas to create a more home-like environment. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There is a large community room to cater for facility events.</p> <p>The corridors are carpeted, and bedrooms are carpeted (or vinyl in some of the rooms in the dementia unit). Vinyl surfaces are in all bathrooms/toilets and the kitchen. There are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. All resident rooms in the facility are single use and include full ensuites. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences. Bedroom doors in the dementia unit is brightly coloured for residents to easy find their way.</p> <p>Serviced apartments are spacious and have full ensuite facilities. Serviced apartments include a separate lounge, which is light and spacious.</p> <p>All showers/toilets have appropriate flooring and handrails. Ensuites are spacious to accommodate transfer equipment. There are privacy locks and shower curtains. All rooms have external windows to provide natural light and have appropriate ventilation and heating. Heating is centralised and there are a mix of underfloor heating and heat pumps. There are adequate numbers of accessible communal bathroom and toilet facilities throughout the facility. The toilets have disability access and are conveniently located and are identifiable.</p> <p>There is safe access to the outdoors and gardens. Outdoor areas provide seating and shade. The perimeter of the dementia unit is secure and provide a loop pathway for safe wandering. The hospital residents have safe access to an outdoor balcony area.</p>
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		<p>The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility. The village manager confirmed the village would reflect the aspirations and identity of Māori for any new building construction in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>There is an approved NZ Fire Service evacuation scheme in place (approved June 2021). Six-monthly fire evacuation drill notification documentation was sighted (last completed 1 August 2023). A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment including an external defibrillator and evacuation chairs at the stairs are available. Short-term backup power for emergency lighting is in place. There is at least one member of staff on duty at all times.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with civil defence kits and a store of emergency water (tank) for at least three days, and BBQs for alternative cooking. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. The facility can hire mobile emergency generators if there is a power failure.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. The dementia unit use sensor mats to alert staff. Staff carry pagers at all times. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p>

		<p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. Doors are locked at a predetermined time depending on the season. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>Staff are easily identifiable. The dementia unit is secure by keypad entry. The service utilises security cameras at the main entrance and some key areas. A security company assist with security measures at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Arvida's strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Arvida support office, a microbiologist, Public Health, and Te Whatu Ora- Waitaha Canterbury. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at quality improvement, management meetings, household meetings and staff meetings. The data is also benchmarked with other Arvida facilities. The Arvida Group benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP, and the Public Health team. There is a documented pathway for reporting infection control and AMS issues to the Arvida Board. The Arvida executive team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection</p>

		control and AMS programme is reviewed annually by Arvida support office in consultation with the infection control coordinators.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical manager and clinical coordinator (dementia unit) both share responsibility to oversee the infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinators have completed a two-day workshop /webinar with Te Whatu Ora -Waitaha Canterbury online Altura education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, a microbiologist, and Te Whatu Ora- Waitaha- Canterbury.</p> <p>The service has a comprehensive pandemic plan which includes the Covid-19 response plan. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There is ample personal protective equipment, and these are regularly checked against expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system through the completion of the 'infection control policy to practice' audit tool. The service has information in te reo Māori around infection control for Māori residents. Staff completed education in cultural safe practice. Hygiene posters were sighted in the communal toilets/bathrooms. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control, which acknowledges the spirit of Te Tiriti. The Arvida Group lead for special projects in consultation</p>

		<p>with the Māori advisor, includes the infection control coordinators for advice in infection control matters when significant changes are proposed to an existing facility. Infection control coordinators confirmed they were consulted on flooring when recent renovations occurred. The infection control coordinators have input in the procurement of good quality consumables and personal protective equipment (PPE).</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing, N95 mask fitting and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through household meetings, newsletters, and emails.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap. There were seven residents in the hospital unit in isolation with Covid-19 infection on the days of audit. There were signs on the doors with outbreak kits and PPE available. There were two wellness partners allocated to the residents. Staff were observed to follow correct donning and doffing of PPE. Other staff were observed wearing masks correctly and perform regular hand hygiene. The facility accepted visitors, but all were well informed of the requirements. Visitors are asked not to visit if unwell. There is a sign in process for visitors.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>The service has policy and procedures documented around antimicrobial stewardship and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality improvement management meetings and staff meetings. Significant events are reported to the Arvida executive team and</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection control steering group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality improvement management meetings and staff meetings. Arvida support office have direct access to data via the electronic system.</p> <p>The wellness &amp; care systems manager collates data monthly on incidents and rates of healthcare associated infections (HAI) which is first presented to and discussed by the wellness &amp; care team. This data is emailed to villages to support their quality programme. Any trends are reported to the monthly Board meeting.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and the organisation has commenced incorporating this into surveillance methods and data captured around infections. The head of clinical quality confirmed the data is collated quarterly (reviewed). Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and Te Whatu Ora -Waitaha Canterbury for any community concerns.</p> <p>There have been ten Covid-19 outbreaks recorded since the last audit, two in 2023 year to date (March and April) and eight in 2022. There was a Covid-19 outbreak at the time of the audit. These were well documented. The facility followed and implemented their pandemic plan successfully.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys. The trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There were two sluice rooms (one for the rest home/dementia and one for the hospital unit) and a sanitiser with stainless steel benches and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site. All laundry is operational seven days a week. There is a laundry assistant on duty each day. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage and folding. The linen cupboards were well stocked, and linen were observed to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinators are overseeing the implementation of the cleaning, laundry and 'infection control policy to audit' audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau. The choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the hospital clinical coordinator, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>At the time of the audit there was one hospital resident using restraint (bedrails). An interview with the restraint coordinator and clinical manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (if competent), GP, restraint coordinator, RN and family/whānau approval. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of the facility becoming restraint free. Restraint minimisation training for all staff occurs at orientation and annually. The Board is committed to the elimination of restraint use, and this is being actively monitored by the Wellness and Care Team. Benchmarking data is reported to the Board monthly.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. The file of the hospital resident using a restraint reflected evidence of an assessment, consent process and six-monthly reviews. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff management meeting minutes and quarterly reports to the national restraint coordinator documented discussions about restraint. In the event that emergency restraint is required, the village manager is involved in consultation with the clinical manager, resident, and family/whānau will determine, dependent on the situation, as to whom and will debrief the staff.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint approval group undertakes a six-monthly review of all restraint use, which includes all the requirements of the Standard. The outcome of the review is reported to the board. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is an education plan in place which covers a wide range of topics related to caring for the older adult. Education sessions include compulsory topics and competencies and a range of topics to cover specific health issues of residents. Fourteen wellness partners work in the dementia unit. Five have completed the required standards, nine have not yet completed the standards and seven have been in the service for less than 18 months however two have worked at the service for longer than the required 18-month period.</p>	<p>Two of the wellness partners that have been working in the dementia unit for more than 18 months have not yet completed the required dementia standards.</p>	<p>Ensure that all wellness partners who work in the dementia unit have achieved their dementia unit standards within the required timeframe.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	CI	<p>A continuous improvement rating is awarded for the menu development. The service has conducted a number of quality improvement projects where a review process has occurred, including analysis, and reporting of their findings. There is evidence of action taken based on the feedback of the family/whānau satisfaction in 2021. The projects include reviewing of the improvements of the menu and the options provided at mealtimes, especially the main meal (dinner)</p>	<p>A new kitchen manager started in early 2022 and commenced a review of the menu to improve resident satisfaction. The process of meal ordering was also reviewed. Regular resident meetings occur to gather feedback on dishes and food they want. The new menu options were implemented in August 2022.</p> <p>Satisfaction survey in December 2022 evidence marked improvement in satisfaction related to the dining room experience, quality and taste of the food, variety, and choice. The satisfaction score increased from 5.7/7.0 in 2021 to 6.8/ 7.0 in 2022. A follow up food survey was completed in April 2023. Results were overall satisfactory as also evident in resident meetings minutes.</p>

End of the report.