

# St Allisa Rest Home (2010) Limited - St Allisa Lifecare

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## Introduction

This report records the results of a Surveillance 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>	St Allisa Rest Home (2010) Limited
<b>Premises audited:</b>	St Allisa Lifecare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 19 September 2023    End date: 20 September 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>	100

# 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

St Allisa Lifecare is owned and operated by the Arvida Group. The service provides hospital (geriatric and medical), rest home, dementia and residential disability-physical level care for up to 109 residents. On the day of the audit there were 100 residents in total.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand – Waitaha Canterbury and Whaikaha - Ministry of Disabled People. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management and staff.

The village manager and the clinical manager are appropriately qualified and experienced in aged care. They are supported by three clinical coordinators. Feedback from residents and families/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 service has addressed the three previous certification shortfalls relating to the quality programme, and completion of performance appraisals.

This surveillance audit identified areas for improvement are required around staff education, medication management and care plan documentation.

## 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.

There is a Māori health plan and a Pacific health plan documented. The service ensures that all residents and family/whānau are informed of their rights. There are documented policies that protect residents from abuse. Informed consent processes were discussed with residents and family/whānau on admission. Complaints processes are implemented in accordance with the guidelines set by the Health and Disability Commissioner.

## 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.

Subsections applicable to this service fully attained.

The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. There is input from a range of allied health professionals.

There is a medication management policy to guide staff in the administration and management of medication. Staff who administer medications have current medication competencies in place. Medication charts were reviewed three-monthly by a general practitioner.

The menu has been reviewed by a dietitian. Residents' nutritional profiles are communicated to the kitchen. The kitchen caters for residents' allergies, food preferences, and food consistencies. Cultural considerations are incorporated into the menu.

## 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 has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

## **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.

There is a documented infection control programme that includes pandemic plan and outbreak management plan. The infection control programme links to the quality programme. Staff receive regular education related to infection control.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There is an infection control committee that meets bimonthly; monthly infection control data is presented and discussed at the monthly quality improvement meetings. 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.

## **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 remain restraint free. Restraint policies and procedures are in place. Restraint minimisation training for all staff occurs 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	16	0	2	0	0	0
Criteria	0	46	0	3	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>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and the provision of services based on the principles of mana motuhake. Residents are involved in providing input into their care planning, their activities, and their dietary needs. The service currently has residents who identify as Māori.</p>
<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</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan; Arvida Ola Manuia plan is in place. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. There are residents and staff that identify as Pasifika. Staff have completed training on the Pacific health plan.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Eight residents (five hospital residents and three rest home residents, including two younger persons with a disability [YPD]) and five family/whānau (four hospital and one rest home) interviewed reported that all staff respected their rights, that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Rights.</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>Arvida St Allisa policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service. The code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process. Professional boundaries are defined in job descriptions. Staff interviews confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. 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 ensure wellbeing outcomes for all residents. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</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 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>FA</p>	<p>There are policies around informed consent. Informed consent processes are discussed with residents and families/whānau on admission. Six electronic resident files were reviewed and 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 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 enduring power of attorney (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>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>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance to the facility for ease of access or on request from staff. Complaints can be handed to reception. Residents or relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights (the Code) and complaints process is visible and is available in te reo Māori, and English. A complaints register is being maintained. There have been 13 complaints made in 2023 year to date and 20 complaints were received in 2022 since the last audit. There have been no external complaints since the previous audit.</p> <p>Documentation reviewed, including follow-up letters and resolution, demonstrates that complaints have been managed in accordance with guidelines set by the Health and Disability Commissioner. On interview residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or</p>

		<p>issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The clinical manager and village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. Interpreters contact details are available.</p>
<p>Subsection 2.1: Governance</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>St Allisa Lifecare is part of the Arvida Group. St Allisa Lifecare provides care for up to 109 residents across four service levels (rest home, hospital [geriatric and medical], residential disability - physical and dementia level care residents). All 89 hospital and rest home beds are dual purpose and there are 20 dedicated dementia beds. At the time of the audit there were 100 residents in total across six wings: 50 rest home, including six on YPD contracts and three residents on long term support chronic health conditions (LTS-CHC) contracts; 32 hospital including five residents on YPD contracts, one resident on a LTS-CHC contract, one resident on end of life contract and one resident with close to age approval contract; and 18 dementia level residents. All other residents were on the aged related residential care (ARRC) agreement.</p> <p>Arvida Group has a well-established organisational structure. The provision of care and support services is under the remit of the wellness and care team. This group provides support and leadership across all communities and is firmly engaged with the values and approach, with its emphasis on the 'Attitude of Living Well' (moving, eating, thinking, engaging and resting well). There is an overall business plan for each village which links to the Arvida vision, mission, values, and strategic direction. 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. The business plan includes promoting independence for younger persons.</p> <p>There are various groups in the support office who provide oversight and support to village managers. 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</p>

		<p>the necessary resources, systems and processes are in place that support effective governance.</p> <p>The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy. The establishment of a Health Equity Advisory Group and Māori Advisory Group guide vision, practice, and development to improve the outcomes that achieve equity for Māori.</p> <p>The two groups are responsible for establishing initiatives to ensure that operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. The establishment of these groups represents Arvida's acknowledgement of and commitment to Māori as tāngata whenua. There is a clear focus on guaranteeing equity between Māori and everyone in Arvida (and Aotearoa), by recognising the inequities/barriers affecting Māori and adapting their systems to ensure they are welcoming, recognising and supporting Māori employees and residents.</p> <p>The overall strategic goal is to 'deliver a high-quality service, that is responsive, inclusive and sensitive to the cultural diversity of the communities that we serve'.</p> <p>A Clinical Governance Structure has been developed during 2023 and approved by the Board. This is an innovative approach to establishing a Clinical Governance Group that reflects the Arvida values and approach, including the inclusion of a resident on the group, 'touchpoints' across different areas of expertise, and clear links to the Māori and Health Equity Advisory groups and the Clinical Indicator Steering groups.</p> <p>There is a village manager (non-clinical) who has been in the role since January 2022. He is supported by a clinical manager who has been in the position since October 2021 and has worked at St Allisa Lifecare for 11 years as an RN. The management team are supported by three clinical coordinators and the Arvida head of clinical quality, head of clinical governance, and head of wellness and care.</p> <p>The village manager and the clinical manager have maintained the required eight hours of professional development activities related to aged care and managing an aged care facility.</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 St Allisa continues to implement the 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. A review of the quality programme identifies any external/internal risks and opportunities, including potential inequities. Monthly quality improvement, health and safety meetings, RN/clinical and full 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 (if any); 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 any service delivery improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Internal audits have been completed as per the schedule. This is an improvement on the previous audit shortfall (HDSS:2008 #1.2.3.7). Areas of non-compliance are identified and are actioned for improvement. Corrective actions identified as moderate or high are entered into the corrective action log and a folder is maintained to document progress towards completion. The resident/relative satisfaction survey was completed in December 2022. Surveys include questions for younger people around issues relevant to this group. From the results, a corrective action response was implemented around the activities programme (increase staff at weekends to support activities and more physical activities). These areas have shown improvement since the certification audit and the previous shortfall related to corrective actions (HDSS: 2008 #1.2.3.8) has been addressed.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues. Electronic</p>
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		<p>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 ten accident/incident forms reviewed. Results are discussed in the quality improvement/health and safety meetings and at handover.</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 Section 31 notifications completed to notify HealthCERT for one unstageable pressure injury in July 2023. There were notifications in 2022 for RN shortages in June to August 2022; a caregiver shortage in August 2022; three missing residents in February, March and May 2022; a coroner's inquest in May 2022; and a resident assault in July 2022. There have been four Covid-19 outbreaks (between December 2022 to August 2023) and two norovirus outbreaks (April and June 2023) that were notified to Public Health.</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 responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Arvida St Allisa has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager and clinical manager work 40 hours per week and are available on call after-hours for any operational 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 dedicated housekeeping and laundry staff. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. Interviews with residents and families/whānau confirmed staffing overall was satisfactory.</p> <p>There is an annual education and training schedule completed for 2022 and being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural 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 and the Nurse Maude service. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities. Staff confirmed that they were provided with resources during their cultural</p>

		<p>training. Arvida provides an online learning platform.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida St Allisa supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 71 caregivers employed in total. Thirty-five have achieved level four NZQA qualification, 17 have achieved level three and four have achieved level two. All caregivers are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. There are 14 staff who are rostered in the dementia unit. Ten have completed the required standards, four have not yet completed the standards and three have been in the service for less than 18 months. There is one casual staff member that has not yet completed the standards.</p> <p>All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are 12 RNs in the facility (including the three clinical coordinators) and 11 are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including Covid-19 preparedness). Training also considers caring for younger people including privacy, behaviour, pain, sexuality/intimacy, person centred care and culture. Staff interviewed were able to easily identify the YPD needs, especially with activities/ outings.</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</p>	<p>FA</p>	<p>Seven staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications (where required). There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed and an appraisal, and development meeting occur three months after commencement of employment. This is an improvement on the previous</p>

<p>maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>audit (HDSS:2008 # 1.2.7.3). A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. The service collects staff ethnicity information as part of the employment process and ethnicity analysis reports are developed and reported to Arvida support office.</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>PA Low</p>	<p>Six resident files were reviewed, two rest home (including one YPD), three hospital (including one LTS-CHC and one on EOL funding) and one resident in the dementia unit. Registered nurses (RN) are responsible for conducting all assessments and developing the care plans.</p> <p>All residents have an admission assessment information collected and an interim plan completed at time of admission. InterRAI assessments and care plan documentation were all completed within the required contractual timeframes. Residents on the ARRC contract, LTS-CHC and YPD have interRAI assessments completed and assessments are completed at regular intervals and when there is a significant change. Cultural assessment include cultural considerations, spiritual wellbeing, and beliefs and details are weaved through all sections of the care plan. Further assessments required including (but not limited to) activities of daily living; activities assessments; pain; mobility; continence; dietary; and challenging behaviour is assessed, and this was in place for all files reviewed where required. Other available information such as discharge summaries, medical and allied health notes, and consultation with family/whānau or significant others form the basis of the long-term care plans. There is an end-of-life policy that include Te Ara Whakapiri to guide cultural and spiritual needs, and comfort care, including pharmacological and non-pharmacological interventions in last days of life.</p> <p>Residents in the dementia unit have a behaviour assessment and behaviour plan that include close to normal routine, hobbies, and de-escalation strategies over a 24-hour period.</p>

	<p>Overall, the electronic resident care plans reviewed were resident focused, linked to assessments, addressed the resident need and were integrated with other allied health services involved in resident care. However, not all care plans identified medication risks or interventions required to manage those risks.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and the review of the long-term care plans. Care plans are developed to be holistic in nature and reflect the Arvida Attitude of Living Well model of care.</p> <p>Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary review. Evaluations reflect progression towards the goals. Six-monthly multidisciplinary meetings occur where residents and family/whānau are involved in care plan review.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP routinely visits once a week and has regular contact with Te Whatu Ora - Waitaha Canterbury specialist services when required. The GP is on call for advice after hours. The GP was not available to be interviewed on both days of the audit.</p> <p>The clinical manager is also available for after-hours calls and advice. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Resident files reviewed had allied health interventions documented and integrated into care plans. Specialist services at Te Whatu Ora - Waitaha Canterbury include older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits twice a week. The wellness leader facilitates daily exercise programmes across the facility and individual mobility improvement strategies for residents. Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers. The RNs further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met.</p>
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		<p>When a resident's condition alters, an RN initiates a review with the GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, 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 and monitoring occurred as required. Wound records were reviewed for five residents with current wounds, including one stage III pressure injury. Input from Nurse Maude wound nurse specialist is evident. Pressure injury prevention strategies are implemented.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Health monitoring interventions for individual residents are recorded in the care plans. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries.</p> <p>Short-term care strategies for acute issues such as infections were not always added to the care plan.</p> <p>There were residents who identify as Māori. A Māori health plan is developed within the long-term care plan and document the appropriate cultural considerations, supports and interventions required to maintain cultural safe care.</p>
<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</p>	<p>PA Low</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications, complete annual competencies and education. The service currently uses blister packs for regular medication and 'as required' medications. Medication reconciliation has been conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately and safely stored. The</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication fridge and medication/treatment room are monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures can be controlled. All eyedrops have been dated on opening.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. There are policies in place to guide staff to facilitate self-administration of medication. There were four self-medicating residents at the time of the audit; the self-administration policy was not always implemented as required for two of them. There are no standing orders in use.</p>
<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>	<p>FA</p>	<p>Kitchen staff are trained in safe food handling. There is a four-week menu that has been assessed by the Arvida dietitian. The kitchen manager interviewed described the process of communication between the kitchen and clinical team to ensure food preferences, food consistencies, dietary needs, allergies and cultural preferences are catered for. The resident nutritional profiles are readily available in the kitchen.</p> <p>Residents interviewed reported they are satisfied with the meals provided. There is an approved food control plan.</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 coordinate a supported transition of</p>	<p>FA</p>	<p>There are documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed into a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes, and the most recent GP notes.</p>

care or support.		
<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 current building warrant of fitness expires 1 March 2024. Staff complete six-monthly fire evacuation drills. There is a documented preventative maintenance plan that includes checking and calibration of medical and other equipment (in May 2023 and some due in October 2023). There is an annual preventative maintenance plan that is followed. Hot water temperatures are maintained within suitable ranges and checked weekly. Risks around the hot water system are captured on the risk register and a replacement project is planned.</p> <p>There have been no significant changes to the facility or services since the last audit. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are family/whānau rooms within the facility.</p>
<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>A clinical coordinator (registered nurse) oversees the infection control and prevention across the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management and action 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. The infection control programme links to the quality programme.</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 completed hand hygiene and personal protective equipment competencies.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team.</p>

<p>of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  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>There is an infection control committee that meets bimonthly; monthly infection control data is presented and discussed at the monthly quality improvement meetings.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data is monitored and analysed for trends, monthly and annually. Any trends identified include further investigation. Any concerns are reported to the Arvida executive team. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board by the Arvida support office. Infections including outbreaks are reported, documented and reviewed so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There had been four Covid-19 outbreaks recorded (December 2022 and March, June and August 2023) and two confirmed norovirus outbreaks in 2023 (April and June 2023). These were well documented and successfully managed.</p> <p>The service captures ethnicity data on admission and incorporated this into surveillance methods and data captured around infections.</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.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Arvida St Allisa is committed to providing services to residents without use of restraint and there are currently no restraints in use. The Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a RN, who provides support and oversight for restraint management in the facility and is supported by the village manager. The Board is committed to the elimination of restraint use and this is actively monitored by Arvida Wellness and Care team. Restraint minimisation training for all staff occurs annually.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are</p>	PA Low	<p>There is a care plan policy with an objective to ensure all care plans are written in a manner that clearly directs staff in the current and unique health and care needs of each resident.</p> <p>Assessment tools are used to identify key risks. Care plans are developed by a registered nurse with the involvement of family/whānau. Cultural values, needs and values are considered. The care plan identifies wider service integration as required.</p>	<p>(i)The care plan did not always identify the interventions required to support the pressure injury risk status for one hospital level resident: (a) frequency of repositioning is recorded at different frequencies throughout the care plan; (b) the care plan did not reflect all the equipment the resident is using (bed cradle, pressure relieving pillow, slippery sam, sheepskin bootie, recliner chair, pressure relieving pillow).</p> <p>(ii)The care plan did not always identify the medication risks including: (a) bleeding risks with warfarin use for one hospital resident and (b) bradycardia with Donezapil use for one resident in the dementia unit.</p>	<p>(i) Ensure the interventions describe in detail all support required to address assessed needs.</p> <p>(ii) Ensure the care plan identifies medication risks.</p> <p>90 days</p>

<p>completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and</p>	<p>PA Low</p>	<p>The service meets evaluation timeframes. There is multidisciplinary input into the care of residents when required and include a wound nurse specialist, hospice, physiotherapist, social worker, older persons mental health team, speech and language therapist, and occupational therapist. Evaluations are recorded to identify the progression towards goals. Registered complete the infection register for each resident and address short-term issues in the progress notes. There was no</p>	<p>(i) Short-term issues were not always added and documented as resolved as part of the support plan for three of the six files reviewed (a) One hospital resident presented with a chest infection that was treated with antibiotics; (b) one rest home resident presented with cellulitis that was treated with antibiotics; the same resident was on short-term frusemide use that was not addressed; (c) another hospital resident with a stage III pressure injury had a swab taken</p>	<p>(i) Ensure acute changes in health status are documented on short term care or support plans or updated on the long-term care or support plan.</p> <p>90 days</p>

<p>aspiration as well as whānau goals and aspirations;  (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>evidence in the support plan or modification history that short-term issues were documented as part of the support plan.</p>	<p>and antibiotics started.</p>	
<p>Criterion 3.4.6  Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Low</p>	<p>Medication management policy guides the management of residents who wish to self-administer their medications. During visual inspections of the medication rooms, the clinical coordinators and RNs confirmed there were four residents self-administering medication. During interview with one YPD and one hospital level resident, they were observed to have inhalers at their bedside. The residents both interviewed described how they take their medications and understand their responsibility to report usage. The medication charts reviewed did not indicate medication for self-administration.   Medication is securely stored, and the medication chart indicated which</p>	<p>(i) The following shortfalls were identified for two residents that self-administer inhalers: (a) there were no self-medication administration assessments completed; (b) the medication chart did not indicate the inhalers are for self-administration.</p>	<p>Ensure that the medication policy is fully implemented for residents that wish to self-medicate.   90 days</p>

		medicine are for self-administration.		
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.