

# Views Lifecare Limited - Bethlehem Views

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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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Views Lifecare Limited
<b>Premises audited:</b>	Bethlehem Views
<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: 12 September 2023    End date: 13 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>	88

# 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 tātou 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

## General overview of the audit

Arvida Bethlehem Views is part of the Arvida Group. Arvida Bethlehem Views is a modern, spacious, purpose-built facility located in Tauranga and provides hospital (geriatric and medical), rest home and dementia level of care for up to 88 residents. There were 88 residents on the day 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- Bay of Plenty. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service continues to embed the Arvida Living Well model of care.

The village manager (non-clinical) is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager and 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.

This audit identified shortfalls relating to assessment and support planning, medicine management and infection control.

The service was awarded a continuous improvement rating related to activity services.

## Ō tātou 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 are fully attained.
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Arvida Bethlehem Views 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 and provide high-quality and effective services for residents. This service 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 to people in a way that is inclusive and respects their identity and their 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/whānau 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 five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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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 Bethlehem Views 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 Bethlehem Views collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and 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 and 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

<p>Includes eight 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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled 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 or nurse practitioner.

The wellness leaders, and wellness partners provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

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. Nutritional snacks are available 24/7.

Planned exits, discharges or transfers were coordinated.

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

Includes two 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 are fully attained.
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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. 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 five 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.

Some subsections applicable to this service are partially attained and of low risk.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. 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. Covid-19 response procedures are included to ensure screening of residents as indicated and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been four outbreaks since last 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 four 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 are fully attained.

There is governance commitment to minimise restraint use in the facility. 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 the service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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	24	0	2	1	0	0
Criteria	1	164	0	2	1	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

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.

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 residents who identify as Māori. Arvida Bethlehem Views is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and 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 Bethlehem Views has connections with a local kaumātua who provides guidance when needed. 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 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. Fifteen wellness care staff interviewed (four registered nurses (RN), nine wellness partners (caregivers) and two wellness leaders) described how care is based on the resident's individual values and beliefs.</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 equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<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 no 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.</p> <p>There is a 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. Code of Rights is accessible in Tongan and Samoan when required. At the time of the audit there were no staff that identified as Pasifika. Arvida Bethlehem Views has contact with the local Pacific Island Community Trust for guidance and support if needed.</p> <p>Interviews with 19 staff (15 wellness care staff, one kitchen manager, one cleaner, one laundry assistant and one H&amp;S/training coordinator) and two managers (one village manager and one clinical manager) 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> <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>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 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. Seven residents (three hospital and four rest home) and five family/whānau (one dementia, one hospital and three rest home) 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</p>

		<p>Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. 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>There are links to spiritual support and links 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.</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.</p> <p>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 families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. The 2023 survey questionnaire was being sent to residents and family/whānau at the time of the audit. A sexuality and intimacy policy is in place, with training as part of the education schedule last completed in June 2023. 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 three married couples (one couple in a shared room) at the time of the audit.</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 Māori, 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 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 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 April 2023 evidenced 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</p>

		<p>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>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 accident/incident. This is also documented in the progress notes. The electronic 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 are documented to assist with communication needs when required. At the time of the audit there were no residents that could not speak English.</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 and Te Whatu Ora - Hauora a Toi Bay of Plenty specialist services. Dietitians support nutritional</p>

		<p>consultation. 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 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 were discussed with residents and family/whānau on admission. Ten 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 and family/whānau 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 family/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.</p> <p>An informed consent policy is in place that includes the guidance on advance directives. 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</p>

		<p>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, as evidenced in the residents' files reviewed.</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 management policy is implemented. 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).</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There have been 23 complaints made since the last audit in November 2021. Complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. One complaint made through HDC in December 2021 remains open, with further evidence provided to HDC on 18 July 2023; the service is awaiting a response from HDC. Another HDC complaint recently received in July 2023 has been investigated and a response was sent to HDC on 3 August 2023. The service is awaiting a response from HDC.</p> <p>Manatū Hauora Ministry of Health requested follow up against aspects of a complaint that included 3.2.4; Needs and risk assessments; falls prevention and management; neurological observations; pain assessments; personal cares; and 3.2.5; care plan changes. There were no identified issues in respect of this complaint.</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</p>

		<p>provided with information on complaints and complaints forms are available at the entrance to the facility. 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>Arvida Bethlehem Views is owned and operated by the Arvida Group. The service provides rest home, hospital, and dementia care level for up to 88 residents in the care centre. One room has previously been verified as suitable for a double room and had double occupancy on the day of the audit.</p> <p>At the time of the audit there were 88 residents in total. There are 68 dual purpose rest home/hospital beds and 20 dementia care beds. On the day of audit there were 30 rest home residents, 38 hospital residents and 20 dementia care residents.</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. 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 whānau as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in</p>

	<p>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. 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 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 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. 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 the goal is achieved.</p>
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	<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 that assists the organisation with the implementation of the Pacific health plan.</p> <p>The working practices at Arvida Bethlehem Views 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 Bethlehem Views since October 2022 and has management experience in the aged care industry for over 10 years. The village manager is supported by an experienced clinical manager that has been in the role for eight years. The clinical manager is supported by two clinical coordinators (one for rest home/hospital and one for dementia care unit). The management team are supported by the Arvida head of clinical quality (present at the time of the audit), head of clinical governance 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 Bethlehem Views 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.</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. A 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, laundry service, first impression, admission process and community spaces. Corrective actions are in place around the dining room experience (reduction of noise) and individualised residents care and activities. A health and safety system is in place. There is a health and safety committee with representatives</p>

		<p>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 officer. 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 no Section 31 notifications completed to HealthCERT since the last audit. There have been three Covid-19 outbreaks recorded since the last audit, one in 2023 year to date (June/July) and two in 2022 (June/July and December); and one influenza outbreak in March 2023. 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 responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p>	<p>FA</p>	<p>Arvida Bethlehem Views 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 120 staff in various roles. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The clinical manager and the two clinical coordinators 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</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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 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 - Hauora a Toi Bay of Plenty and aged concern. 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 Bethlehem Views supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 70 wellness partners employed. Four wellness partners have achieved level two, 12 have completed level three and 53 have completed level four NZQA qualification. There are 14 staff who are employed in the dementia unit. Twelve have completed the required standards, two have not yet completed the standards; however, they started employment in February and August 2023. The clinical manager stated that both will be enrolling to complete their dementia standards. All staff are required to complete competency assessments as part of their orientation. 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, and medication competency (including controlled drug management, insulin</p>
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		<p>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. Thirteen of twenty-one 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. Eleven 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 and all staff that had been in employment for more than 12 months 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). A health and safety/ 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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori.</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>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 on 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 care.</p>	FA	Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Ten admission agreements reviewed align with all contractual requirements. There is a specific short stay admission agreement for those residents who may require respite and short stay. Exclusions from the service are included in the admission agreement.

<p>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 and clinical manager are available to answer any questions regarding the admission process. The clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>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 enquiry from individual residents. Arvida has a process to collate ethnicity data from all residents, and then analyse this for the purposes of identifying entry and decline rates. The village manager, on interview, confirmed that they have not declined any residents unless the service was fully occupied or the resident required a level of care that was not available at Arvida Bethlehem Views. The analysis is completed by Arvida Group support office and results shared with facilities. The service has a meaningful partnership and working relationship with local kaumātua and deacon to benefit 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>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files reviewed: four at hospital level, three at rest home and three at dementia level of care. Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and</p>

	<p>the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet most of the residents' assessed needs; however, for five residents there were no detailed interventions to direct comprehensive care delivery. The long-term care plans are 'living documents'; interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved. Residents in the dementia unit all have behaviour assessment and behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours. However, some files did not always identify the type of behaviours presented and triggers. The long-term care plan did not always include a 24-hour reflection of close to normal routine for the resident to assist wellness partners in management of the resident behaviours.</p> <p>The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the GP or NP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP and NP visits when the resident's condition is considered stable. The GP visits the facility twice a week. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility accesses paramedics or emergency department. A physiotherapist visits the facility twice a week and reviews residents referred by the registered nurse.</p>
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	<p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health, including infections, accidents/incidents, general practitioner and nurse practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were twenty active wounds from fourteen residents. These included venous ulcer, skin tears, abrasions, surgical wounds, and bruises. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. There were no residents with pressure injuries.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by wellness partners and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP. Registered nurses also undertake comprehensive assessments including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the acute changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the RN. Wellness partners interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Analgesia was noted to have been</p>
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		<p>administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>The residents' activities programme is implemented by two full-time wellness leaders who work full time each and provide a seven-day cover of the programme. They work alongside the wellness partners to support all residents with their activities. Wellness partners have access to resources such as table games, puzzles, and quizzes to assist with activities after hours. The overall programme has an integrated resident led activities programme that is appropriate for all residents. The activities programme is supported by the Arvida 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well.</p> <p>The activities programme is displayed on the noticeboards and residents have copies in large print. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise, some enjoying some outdoor crafts, and some went with the van outing. The programme allows for flexibility and resident choice of activity. For those residents who choose not to take part in the group activities, one on one visits from the wellness leaders and wellness partners occur regularly. An outing is organised weekly and regular visits from community visitors occur. Communion church services are held weekly, and multi-denominational services are also available.</p>

	<p>There are distinct programs specific to memory care centre and the other for rest home and hospital level care residents. The memory care centre's activities programme has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents, wellness partners and wellness leaders.</p> <p>The wellness leaders and wellness partners integrate te reo Māori in the daily programme with the use of te reo Māori phrases and everyday words as part of the daily activities programme. The service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. Kapa haka, poi making and harakeke (flax) weaving form part of the activities on offer, and family/whānau participation in the programme is encouraged. The service has good connection with Judea marae and access to kaumātua through staff linkages. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the wellness leaders using the 'about me,' 'leisure,' cultural assessment and Māori care plan. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their families/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings (including representatives from different households) are held and include</p>
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		<p>discussion around activities. Family/whānau of residents in the memory care centre attend the meetings and provide feedback on service delivery.</p> <p>The service has been awarded a continuous improvement around improving activities for residents.</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 that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are organisational policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses, enrolled nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency.</p> <p>All medications are administered from prepacked robotic rolls. The RN checks the rolls 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>There are four dedicated medication rooms in the facility: in Sanderson, Cambridge, Kaimai and Elizabeth Banfell (Memory care centre) areas. All medications are stored safely in the medication rooms. Medication rooms allow for a steady room temperature to be maintained; however, the monitoring and recording of medication room and fridge temperatures has not consistently been completed. For the records sighted, there is evidence that temperatures have been maintained within the acceptable temperature range. Eye drops and creams were dated on opening.</p> <p>Twenty medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The general practitioner or nurse practitioner 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</p>

		<p>reviewed.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and progress notes. 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 is incorporated into medication management.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</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>The kitchen manager oversees food services. They are supported by two cook assistants/ cooks and four kitchen hands. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida 'Eating Well' requirements. The menu provides options for residents to choose from for some lunch time meals. Food preferences and cultural preferences are encompassed into the menu eg, hangi, Samoan food, and the monthly cultural themes. 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. Nutritional snacks are available 24/7 in all units.</p> <p>The menu provides pureed/soft meals as well as gluten free options. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures 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. There is a verified</p>

		<p>food control plan expiring June 2024.</p> <p>Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are put in temperature controlled hot boxes which are transported to the dining rooms and served by staff from a bain-marie to residents according to the choices the residents have selected. Food temperatures are recorded. 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 kitchenette areas with tea and coffee facilities, small fridge, and a microwave in communal areas for residents and families/whānau to use.</p> <p>Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals on request. 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 as required.</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 care or support.</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 family/whānau were involved for all exits or discharges to and from the service. Transfer notes include advance directives, general practitioner and nurse practitioner notes, summary of the care plan, and resident's profile, including next of kin details. Discharge summaries are uploaded to the electronic resident's file. The clinical manager advised a comprehensive handover occurs between services.</p>

<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>	<p>FA</p>	<p>The building holds a building warrant of fitness, expiring 11 April 2024. 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 maintenance supervisor. Maintenance requests are documented electronically 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. 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 in August 2023. Annual checking and calibration of medical equipment, hoists and scales was completed in April 2023. 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>All beds in the Cambridge, Sanderson and Kaimai units are dual purpose for hospital and rest home level of care. There are two dining areas. One dining room area services rest home and hospital residents. There is a large main lounge and a smaller lounge in the rest home / hospital area. All communal areas are easily accessible for residents with mobility aids. Residents were observed moving freely around the areas with mobility aids where required. 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. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Bedroom doors in the Eliza Benfell (dementia) unit are brightly coloured for residents to easy find their way. The perimeter of the dementia unit is secure and provides a loop pathway for safe wandering. The external areas, courtyard and gardens were well maintained. There is one dining area, a lounge and quiet space in the dementia care unit.</p> <p>All showers/toilets have appropriate flooring and handrails. Ensuites</p>
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		<p>are spacious to accommodate transfer equipment. All bedrooms and communal areas have ample natural light and ventilation. Air conditioners, gas fires and central heating are used to maintain a safe and comfortable temperature. The facility was maintained at a warm and comfortable temperature on the days of the audit. 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>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. There is an approved NZ Fire Service evacuation scheme in place (approved 2 December 2013). Six-monthly fire evacuation drill notification documentation was sighted (last completed on 15 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.</p> <p>Emergency equipment (including an external defibrillator) are available. Short-term backup power for emergency lighting is in place. 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 supplies (checked monthly), a store of emergency water (bottled) for four litres per resident for three days and two 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</p>

		<p>failure.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. 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. Sensor mats are used in the dementia unit to alert staff.</p> <p>Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. The dementia unit is secure at all times. The facility 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. 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.</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) known as the Infection Prevention Programme (IPP) 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- Hauora a Toi Bay of Plenty. Infection control and AMS resources are accessible. The IPP is reviewed regularly, and proposed changes are consulted with village managers and clinical managers as appropriate prior to finish. There is an Arvida infection control steering group which is comprised of representatives from several care communities who meet monthly to support all villages in infection prevention.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, registered nurses, 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,</p>

		<p>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 understand 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 control and AMS programme is reviewed annually by Arvida support office in consultation with the infection control coordinators.</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>	<p>FA</p>	<p>A registered nurse oversees 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 coordinator has completed workshops /webinar with Te Whatu Ora and online Altura education. The infection control coordinator has access to Bug Control information and education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, microbiologist, and Te Whatu Ora- Hauora a Toi Bay of Plenty.</p> <p>The service has a Covid-19 response plan which includes preparation and planning for the management of outbreak. There is ample personal protective equipment (PPE), 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</p>

		<p>check these are included in Arvida internal audit system through the completion of the 'infection control policy to practice' audit tool. The service has te reo Māori information around infection control for Māori residents available and assists the organisation with cultural safe practice. The infection control coordinator has access to infection control information in te reo Māori. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti. The Arvida Support office team and the Arvida head of clinical quality and head of clinical governance are involved for advice in infection control matters with any new builds. The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). The expiry dates are checked at regular intervals.</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 at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed through meetings, newsletters, and emails.</p> <p>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 prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures 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, registered nurses, and staff meetings. Significant events are reported to the Arvida executive team and infection prevention and 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>PA Low</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 meetings Hui koanga and staff meetings.</p> <p>Arvida head office have direct access to data via the electronic system. Data on incidents and rates of healthcare associated infections (HAI) are benchmarked monthly and 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 resident ethnicity data on admission; however, surveillance data does not include ethnicity. 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 -Hauora a Toi Bay of Plenty for any community concerns.</p> <p>There were four outbreaks since last audit; three Covid-19 (June-July 2022; December 2022; June -July 2023) and one influenza (March 2023). The outbreaks were contained and managed well with guidance from Arvida support office, Public Health, and Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty.</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</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 and 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</p>

<p>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>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 is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. 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. The linen cupboards were well stocked. 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 coordinator is overseeing the implementation of the cleaning, laundry, and 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 restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/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 the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit; having been so for the past six years.</p> <p>An interview with the restraint coordinator and head of clinical quality described the organisation’s commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by Arvida Wellness and Care team. This is achieved using proactive de-escalation strategies. The reporting process to the governance body</p>

		<p>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 (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval.</p> <p>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 keeping the facility restraint free. Training for all staff occurs at orientation and 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 completed by culturally</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan on the electronic resident management system. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to care planning. The service has a full complement of registered nurses and enrolled nurses with 12 of them interRAI trained. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans reviewed provided sufficient information related to assessed risks, interventions, and care</p>	<p>(i). One dementia resident with diabetes mellitus did not have interventions to manage the clinical risks and interventions in the long-term care plan.</p> <p>(ii). The same resident with dementia did not have the type of behaviours presented, and triggers documented in the care plan.</p> <p>(iii). One rest home resident did not have interventions related to management of congestive heart failure which they have also had recent concerns noted by the GP.</p> <p>(iv). One rest home resident did</p>	<p>(i)-(iv). Ensure interventions are documented in detail to manage and guide the care of the resident.</p> <p>(v). Ensure that all care plans reflect 24-hour management of the resident behaviours.</p> <p>90 days</p>

<p>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>planning to demonstrate compliance.</p> <p>Wellness partners are knowledgeable about the care needs of the residents and the families/whānau interviewed were complimentary of the care provided. Observation of care delivery on the day of the audit demonstrated that the residents were receiving the care that they required. The findings related to care plan interventions relates to documentation only.</p>	<p>not have in the care plan information related to the chronic wound.</p> <p>(v) Two of three care plans did not include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist wellness partners in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p>	
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses, enrolled nurses and medication competent wellness partners are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, medication room and fridge temperature monitoring and documentation was not consistently demonstrating compliance with policy,</p>	<p>Medication room and fridge temperature monitoring and recording has not been completed consistently in Cambridge and Kaimai areas (rest home and hospital level of care) in the last four months.</p>	<p>Ensure temperature monitoring and recording for the medication room and fridge is occurring consistently as per policy.</p> <p>60 days</p>

		standards, and legislative requirements. Staff have received training related to medicine management and audits have been completed in line with Arvida audit schedule.		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>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 meetings and staff meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and discussed with staff. Arvida Bethlehem view captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p>	<p>Infections surveillance does not currently include ethnicity data.</p>	<p>Ensure that infections surveillance includes ethnicity data.</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 audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The achievement of the rating that the service implements a continuous improvement approach to the wellbeing of residents is beyond the expected full attainment. The service has conducted a number of quality improvement projects where a review process has occurred including analysis and reporting of findings has occurred. There is evidence of improvements made to service provision in order to ensure that residents lead fulfilling lives. The projects include reviewing if the improvements have had positive impacts on residents' quality of life or resident satisfaction.</p>	<p>Due to low satisfaction in 2022, and in line with Arvida's attitude of Living Well Model of care, Bethlehem Views has over months introduced initiatives to provide a meaningful, comprehensive activity on site and engaging wellness partners to align themselves and their roles to Arvida's Model; where historically wellness partners have not been required to step into supporting the residents with meaningful activities. Utilisation of the men's shed outside the Harriet Scott lounge into a pottery studio engaged many residents into pottery making. With the support of the clinical manager and wellness partners, residents have produced magnets, heart shaped cacti planters, Christmas decorations, bird feeders (to mention a few) that were displayed and sold at the front entrance of the facility (stock sighted). The pre-Christmas sell of resident pottery delivered an income of over \$1000 for the residents which they have been using to buy more glazes,</p>

			<p>tools, and clay. The project has seen huge engagement even for those residents who have limited sight and has grown in numbers with use of alternative lounge space area to accommodate the increase in numbers.</p> <p>For resident's not engaged in pottery or at times when the wellness leaders were not rostered; wellness partners asked residents for ideas of what they would like to do, have seen spontaneous activities either 1:1 or in groups occurring into the later hours of the day. With significant work put in breaking the barriers for wellness partners, initiatives such as conversation groups, with discussions driven by residents on topics including (but not limited to) looking back at New Zealand in history; sing-a-longs and dances to well-known songs; coffee groups; and café visits have enabled the residents to build relationships with each other and see like-minded residents connecting more.</p> <p>Review of the activities charts has demonstrated significant engagement of residents in the pottery making, 1:1 or small group activities with the wellness partners; specifically for those residents who previously chose to remain in their rooms or those cognitively unable to engage in large group activity (often sitting on the peripheral in a group setting). The pottery making process engages mind and body connection: creating art objects by hand; stimulating artistic processes; therapeutic fine movements; which in turn stimulate the brain; stimulating pride in achievement and productivity due to sales; therefore, enhanced self-esteem of the residents.</p> <p>The continuous improvement related to resident activity and engagement continuous to demonstrate Arvida's engaging well, thinking well, moving well, and resting well attitudes. Feedback from resident as evidenced in the resident survey demonstrated</p>
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			extreme satisfaction with activities and level of engagement that the environment at Arvida Bethlehem view has created.
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End of the report.