

# Waikanae Country Lodge Limited - Waikanae Country Lodge

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

**Legal entity:** Waikanae Country Lodge Limited

**Premises audited:** Waikanae Country Lodge

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 19 February 2024 End date: 20 February 2024

**Proposed changes to current services (if any):** The service requests the addition of Residential disability services – Physical services to their certificate. The service was verified as suitable to provide Residential disability services – Physical services at this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 50**

# 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Arvida Waikanae Country Lodge is certified to provide hospital (medical and geriatric) and rest home levels of care for up to 79 residents, including 20 residents in the serviced apartments. At the time of the audit there were 59 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

This audit also verified the service as suitable to provide residential disabilities level- physical of care to their certificate.

The village manager has been in the role for three years. They are supported by a clinical manager (registered nurse), clinical coordinator, registered nurses, wellness partners, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

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

There were no areas of improvement to follow up from the previous certification audit.

This surveillance audit identified shortfalls related to medicine management and care planning.

## 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 fully attained.
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Arvida Waikanae Country Lodge provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Arvida Waikanae Country Lodge demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service, in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed. 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.



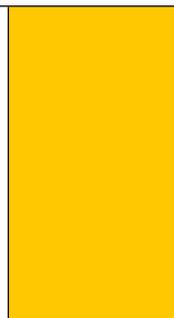
Subsections applicable to this service fully attained.

The 2023/24 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Waikanae Country Lodge collates clinical indicator data and benchmarking occurs.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Residents were complimentary of the food services.

All residents' transfers and referrals are coordinated with residents and families/whānau.

## **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 fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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

Includes 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.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. There is an appropriate number of protective personal equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There have been three outbreaks recorded and reported on since the last audit.

## 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 fully attained.
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The restraint coordinator is a registered nurse. The facility had no residents using restraint at the time of audit. Encouraging 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 only uses 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	16	0	1	1	0	0
Criteria	0	45	0	2	2	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida, which is understood by staff. The principles of these actions are also applied to people with disabilities. Ethnicity data is gathered when staff are employed, and this data is analysed at a national level. At the time of the audit, there were no Māori staff or residents. The service gathers ethnicity data for residents, as well as the analysis of it. Arvida Waikanae Country Lodge has a working relationship with Ngati Toa Rangatira who support the service in the application of te reo Māori and Māori worldview. Twelve care staff (nine wellness partners, three registered nurses) interviewed confirmed that mana motuhake is recognised.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. There are four stages identified for the implementation of the Pacific health plan and include setting the foundations, develop commitment, deliver the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. There are staff members who identify as Pasifika who are involved in staff training related to worldviews, cultural, and spiritual beliefs of Pacific peoples.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Arvida Waikanae Country Lodge currently has no residents who originate from the Pacific Islands.</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 village manager and clinical manager discuss 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. Four residents (two rest home, two hospital) and two hospital family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Arvida Waikanae Country Lodge policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document.</p> <p>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 three registered nurses and nine wellness partners (caregivers) and the food services manager confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. The five resident files reviewed included 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 competent residents or activated</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>enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated, and medical certificates for incapacity were sighted on file.</p> <p>Interviews with family/whānau, and residents confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There were two complaints (March 2023 and February 2024) logged since last audit. Documentation reviewed included acknowledgement, investigation, follow up, and replies to the complainant demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The complainant for the March 2023 complaint was satisfied, and the one for February 2024 remains open and is being investigated. There were no external complaints received since last audit.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. 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</p>

		<p>manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Arvida Waikanae Country Lodge is owned and operated by the Arvida Group. The service is certified to provide rest home and hospital level care for up to 79 residents. There are 59 dual purpose beds and 20 beds in the serviced apartments. All rooms are single. The service requests the addition of residential disability services – physical services to their certificate. The service was verified as suitable to provide residential disability services – physical at this audit.</p> <p>At the time of the audit there were 59 residents: 25 rest home level care, including two residents on a younger person with a disability (YPD) contract; and 34 hospital level care, including three residents on a YPD contract, and two residents on respite. The remaining residents were all under the aged-related residential care (ARRC) contract. There were no residents in the serviced apartments.</p> <p>Arvida Group’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team (including health and safety), information technology, people and culture and finance and accounts personnel. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, and occupancy.</p> <p>There is an evaluated Arvida Waikanae Country Lodge 2023 business plan (and a 2024 business plan being implemented) which describes specific and measurable goals that are regularly reviewed and updated, as sighted in the meeting minutes. Site specific goals relates to clinical effectiveness, risk management, and financial compliance. Quality improvements are documented around satisfaction survey results, communication pathways</p>

		<p>(kitchen team), and staff recruitment and retention.</p> <p>There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a health equity group that guides vision, practice, and development. There is a separate Māori advisory committee (with eight members from different villages) that assist the Health Equity Advisory Group to improve the outcomes that achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti o Waitangi and tikanga Māori training.</p> <p>Arvida Group has a well-established organisational structure. The overarching current 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 and tāngata whaikaha, 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.</p> <p>There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise, and clear links to the clinical indicator steering group, Māori, and Health equity advisory groups.</p> <p>The village manager (registered nurse) has been in the role for three years, with many years of aged care and management experience. They are supported by an experienced clinical manager who has been in the role for two and half years. They are both supported by a clinical coordinator and a team of registered nurses, wellness partners, housekeeping, maintenance, and administration staff. The management team reports a low turnover of staff.</p> <p>The village manager and clinical manager have maintained in excess of eight hours of professional development activities related to aged care and managing an aged care facility over the past year. The village manager is supported by the wider Arvida management team.</p>
Subsection 2.2: Quality and risk	FA	Arvida Waikanae Country Lodge continues to implement the Arvida quality

<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>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 staff, health and safety, clinical review, registered nurse, and wellness teams meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings were completed as scheduled and meeting minutes reviewed evidence follow up of action and sign off when completed. Internal audits 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. All the internal audits were completed as scheduled since last audit.</p> <p>Quality data and trends in data are posted in the staff room. The resident/relative satisfaction survey completed in November 2023 showed overall satisfaction with service delivery, with a net promoter score of 57; up from 52 in 2022 and 37 in 2021. The staff engagement survey had an engagement of 8.2 and scored high in all areas compared to the overall Arvida group results. Survey results analysis and generated corrective actions have been communicated to residents and staff and there is evidence of action plans being implemented.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues.</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 12 accident/incident forms reviewed. Results are discussed in the quality staff, and health and safety meetings and at handover.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been notifications related to registered nurse cover (with the last</p>
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		<p>one completed August 2023) and four related to pressure injuries grade III and above. There have been three outbreaks in the facility since last audit that have been notified to Public Health. One gastro related outbreak (December 2023) and two Covid-19 outbreaks; July 2023 and December 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Arvida Waikanae Country Lodge has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The facility adjusts staffing levels to meet the changing needs of residents. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The resident and family/whānau interviewed supported this. Rosters from the past three weeks showed a good cover of all the shifts, with replacement evident for short notice absences.</p> <p>The village manager and clinical manager work during the week and are available on call after hours for any operational and clinical concerns, respectively. They are closely supported by the Arvida support team, including the head of clinical quality. There are no current vacancies in the registered nurse roster.</p> <p>There are designated activities, food services, cleaning, maintenance, and laundry staff seven days a week. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner; as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. 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 Health New Zealand - Capital, Coast and Hutt Valley. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff</p>

		<p>confirmed that they were provided with resources during their cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida Waikanae Country Lodge supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 39 permanent wellness partners at Arvida Waikanae Country Lodge, 17 are on level three and above NZQA qualification, and seven on level 2.</p> <p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional registered nurse specific competencies include subcutaneous fluid and interRAI assessment competencies. The service currently employs ten registered nurses and three enrolled nurses, with two registered nurses being interRAI trained.</p> <p>The clinical manager, clinical coordinator, registered nurses and enrolled nurses are supported to maintain their professional development. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when</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>first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment to Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals have been completed in the five of six staff files reviewed; one has been employed for less than a year but has had three-month review process completed.</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>Five electronic resident files were reviewed: two hospital resident files, including one on respite; and three rest home resident files, including one on younger person with a disability (YPD) contract. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents within the required timeframes, detailing needs, and preferences. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all residents, except the respite resident. For this resident, assessment tools used included (but not limited to) pressure risk; mobility; communication; pain; oral; dietary; behaviour; family; skin; continence; sleep; lifestyle; cultural; and personal habits.</p> <p>Long-term care plans were formulated within the required timeframes. Documented early warning signs meet the residents' assessed needs. The activity 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. Interventions in the long-term care plans were not always comprehensive to provide enough detail to guide staff in the management of each resident's care.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the</p>

	<p>interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN; however, do not always include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</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 ongoing reviews by the GP/NP within required timeframes and when their health status changes. The GP/NP visits the facility twice weekly and as required. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The GP/NP provide on-call services 24/7. A physiotherapist visits the facility weekly and on request, to review residents referred by the registered nurses. There is access to a continence specialist via referral as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>An adequate supply of wound care products were available at the facility. A 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; however, written evaluations did not evidence progression or deterioration of the wound. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were 28 active wounds from 23 residents, including four pressure injuries (three unstageable and one stage II).</p> <p>The clinical progress notes are recorded and maintained on the electronic resident management system. Wellness partners document each shift in the progress notes. Registered nurses document in the progress notes every 24 hours for hospital level care residents and every 72 hours for rest home level</p>
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		<p>care residents.</p> <p>Monthly observations such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff 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. Staff receive handover at the beginning of their shift.</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 policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent wellness partners interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular, pro re nata (PRN), and short course medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge temperature is monitored daily; however, the medication room temperature has not been monitored weekly as per policy. There are no expired medications in stock. Eyedrops have been dated on opening. Controlled medications are stored as required; however, weekly stock checks have not always been completed as per policy.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner and nurse practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Effectiveness of PRN medication is recorded in the progress notes and electronic medication chart. There was one resident self-administering all their regular medications (except PRN) at the time of the audit. A self-administration competency has been completed and signed by the resident and general practitioner; however, the competency review has not been completed as per policy. Safe storage of the resident medications is in line with policy, as sighted on the</p>

		<p>day of audit. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida 'Eating Well' requirements. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The food services manager interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring 14 June 2024.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided and the varied options for the residents to choose from.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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 buildings, plant, and equipment are fit for purpose at Arvida Waikanae Country Lodge and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 30 November 2024. The physical environment supports the independence of the residents. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All areas are easily accessible to the residents. The service requests the addition of residential disability services – physical services to their certificate. The environment was verified as suitable to provide residential disability services – physical at this audit.</p> <p>There is an electronic maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance electronic log. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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>The clinical manager currently 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 services access workshops /webinar with Health New Zealand - Capital, Coast and Hutt Valley and online Altura education to keep up to date with current best practice.</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>The infection control policy states that the organisation is committed to the ongoing education of staff and residents. Infection prevention and control is</p>

		<p>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>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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board monthly by the Arvida support office.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been two Covid-19 outbreaks (July 2023 and December 2023) and one gastroenteritis outbreak (December 2023). These were well documented and managed. Outbreaks were reported to Public Health.</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</p>	FA	<p>Arvida Waikanae Country Lodge is committed to providing services to residents without the use of restraint. An interview with the restraint coordinator 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 the Wellness and</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Care team. This is achieved using proactive de-escalation strategies.</p> <p>The designated restraint coordinator is the clinical manager. At the time of the audit there no residents using restraints. Restraint documentation processes sighted are robust, and include assessments, consent, monitoring, and evaluation processes to minimise associated risks. When in use, quality review of restraint use occurs monthly and is benchmarked. The use of restraint is reported in the quality management, registered nurse, and staff meetings. Training for all staff occurs at orientation and annually as sighted in the training records; with 100% of staff completing online training related to restraint.</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 care plan. Assessment tools, including cultural and interRAI assessments, were completed in a timely manner to identify key risk areas. Resident specific goals were documented in the care plans reviewed. The registered nurses and clinical nurse manager interviewed understand their responsibilities in relation to care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans reviewed provided detailed interventions to direct care delivery by staff.</p> <p>Interview with the wellness partners demonstrated that they are knowledgeable about the care needs of the residents and</p>	<p>There are no detailed interventions to guide staff in the delivery of care service for:</p> <p>(i). One younger person with a disability (YPD) resident related to activities and leisure.</p> <p>(ii). One rest home resident related to pain management.</p> <p>(iii). Signs and symptoms for hypo and hyper glycaemia for one hospital resident.</p> <p>(iv). Mood and behaviour as triggered in the interRAI for one rest home resident.</p>	<p>(i).- (iv). Ensure care plans have detailed interventions to provide guidance to staff on care management.</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>the residents observed appeared to have their care provided in line with assessed needs. The findings related to care planning, relates to documentation only.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau</p>	<p>PA Low</p>	<p>The registered nurses are responsible for the development of the wound care plans. There are comprehensive policies in place related to assessment and support planning and wound management; however, not all resident wound care evaluations and care plans demonstrated progress towards healing.</p> <p>Wellness partners are knowledgeable about the care needs of the residents and the residents observed appeared to have their care provided in line with care plan requirements. The findings related to care</p>	<p>(i). Three of three evaluations for pressure injury wound care plans did not evidence progress towards healing.</p> <p>(ii). There were no detailed evaluations evidencing progression towards meeting goals for one rest home resident related to management of falls and another rest home resident related to behaviours of concern.</p>	<p>(i)-(ii)Ensure that care plan evaluations evidence progress towards meeting goals.</p> <p>90 days</p>

<p>goals and aspirations;  (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>planning relates to documentation only.</p>		
<p>Criterion 3.4.1  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 that of controlled drugs storage, stock take and reconciliation. The policy also includes safe storage guidelines, including monitoring and recording of medication fridge and room temperature.</p> <p>Physical stock take of controlled drugs is undertaken by medication competent staff and recorded weekly in red ink in the controlled drug register; however, not all physical stocktake of controlled drugs were occurring weekly in the last six months as required by policy. There was no evidence</p>	<p>(i). Controlled drug weekly physical stocktake has not been consistently completed.  (ii). There is no evidence of medication room temperature being monitored and recorded as per policy.</p>	<p>(i). Ensure that stock take of controlled drugs is completed weekly.  (ii). Ensure that medication room temperature monitoring is completed according to policy.</p> <p>60 days</p>

		of consistent monitoring and recording of medication room temperature.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy and process on safe medicine management, including resident self-administration processes. A self-administration competency is completed with the resident, and this is reviewed at least three-monthly. The service has one rest home resident who self-administers their regular medications. They have done this since November 2022; however, there is no evidence of competency review/evaluation having been completed.</p>	<p>There is no evidence of completed self-administration competency reviews/evaluations being completed for rest home resident.</p>	<p>Ensure systems and processes for self-administration are implemented as per policy.</p> <p>60 days</p>

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

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

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

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

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End of the report.