

Presbyterian Support Services (South Canterbury) Incorporated - Strathallan

Introduction

This report records the results of a Provisional 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:	Presbyterian Support Services (South Canterbury) Incorporated
Premises audited:	Strathallan
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 21 March 2024 End date: 22 March 2024
Proposed changes to current services (if any):	There were previously 27 beds in the hospital; one room was changed to a whānau room in March 2023. The total number of hospital level beds reduced to 26 in Ivy Preston Wing. The total number of beds are 85. The numbers in this report were verified as correct.

Total beds occupied across all premises included in the audit on the first day of the audit: 64

Executive summary of the audit

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 haumarua | 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.

General overview of the audit

Arvida Strathallan is part of the Arvida Group and located in Timaru. The 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. Presbyterian Support South Canterbury is the prospective purchaser of the aged care service.

Arvida Strathallan provides hospital (geriatric and medical), rest home and dementia level of care for up to 85 residents. There were 64 residents on the day of audit.

The provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer. The conditional period ends 15 April 2024, and the proposed settlement date is 1 May 2024. The funder Health New Zealand – South Canterbury has been informed. This provisional

audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora - South Canterbury.

The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with family/whānau, staff, general practitioner, management and the prospective provider.

The village manager (registered nurse) is appropriately qualified and experienced in aged care. They are supported by an experienced clinical manager, clinical coordinator 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 care planning timeframes, interventions and medication management.

Ō tātou motika | Our rights

Arvida Strathallan 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 staff and management listen and respect 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

The Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager is supported by a clinical manager, and 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 Strathallan 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 Strathallan 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 ora | Pathways to wellbeing

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. Resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals.

A wellness leader, 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 incorporated in the activities programme.

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

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 discharges or transfers were coordinated.

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

There is a building warrant of fitness in place for the buildings. A preventative maintenance plan is documented for the service. 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

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. The internal audit system monitors for a safe environment. There have been four outbreaks since the 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

There is governance commitment to a restraint-free environment. 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	25	0	0	2	0	0
Criteria	0	164	0	1	3	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>	FA	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Arvida Strathallan 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 documented a commitment to support increasing Māori capacity within the workforce. At the time of the audit there were staff who identified as Māori. Arvida Strathallan 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. Eleven wellness care staff interviewed (five registered nurses (RN) including a clinical coordinator, five wellness partners (caregivers) and one wellness leader) described how care is based on the resident's</p>

		individual values and beliefs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan: Arvida Ola Manuia plan is in place. Staff have been introduced to the Fonofale model. On admission all residents state their ethnicity. There are currently 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 numerous staff that identified as Pasifika. Arvida Strathallan has contact with the local Pacific groups, facilitated by their Pasifika staff to assist with guidance and support if needed.</p> <p>Interviews with seventeen staff (eleven wellness care staff, one kitchen manager, two cleaners, two laundry assistants and one maintenance person) 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>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager or 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. Eleven residents (three hospital and eight rest home) and nine family/whānau (three dementia, five hospital and one rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents</p>

		<p>during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and 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>The Chief Executive Officer (CEO) and general manager (GM) of Presbyterian Support South Canterbury (PSSC) interviewed confirmed a good understanding of their responsibilities under Te Tiriti o Waitangi and have policies and a Māori Health plan in place to guide equity, Māori health and wellbeing and cultural safety. They know and understand the Code and their responsibilities as a provider of health and disability services.</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>	FA	<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</p>

		<p>during interviews with residents and families/whānau. The December 2023 survey questionnaire results were 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 plan reviewed for one married couple had documented interventions for staff to follow to support and respect their time together.</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>	FA	<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 2022 and 2023 evidenced good teamwork. The December 2023 staff survey results are collated and analysed by a third party; the results have not yet been released at the time of the audit. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. The Arvida model of care is based on the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.</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>	FA	<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</p>

		<p>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 Health New Zealand – South Canterbury specialist services. Dietitians support nutritional 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 to the service, through emails, regular newsletters, and household meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities. Staff, residents and family/whānau interviewed stated they have been appropriately informed of the change in ownership.</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>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Eight 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 appropriately signed.</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>	FA	<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 12 complaints made since the last audit in November 2022. Complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. There was one complaint received from the emergency department at Health New Zealand-South Canterbury in November 2023 that was fully investigated, followed up and resolved. As a result, registered nurses received training in completion of the discharge and transfer processes.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. 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</p>

		<p>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>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>	FA	<p>Arvida Strathallan is owned and operated by the Arvida Group. The service provides rest home, hospital, and dementia care level for up to 85 residents in the care centre. There were previously 27 beds in the serviced apartment and one room was changed to a whānau room in March 2023. The number of hospital level beds has reduced to 26 in Ivy Preston (hospital) wing. The total number of beds are 85.</p> <p>There are 29 beds (Colin Murdoch) in the rest home wing, including 19 dual purpose beds; 26 beds in the hospital (Ivy Preston) wing and 20 beds in the dementia (Ailsa Bailey) wing. Ten of the forty-seven serviced apartments are certified to provide rest home level of care. All residents were under the aged related residential care contract (ARRC).</p> <p>At the time of the audit there were 64 residents in total: 27 rest home residents, including three in the serviced apartments, 19 hospital level residents and 18 dementia care residents. There are no double or shared rooms, and no hospital residents in the dual-purpose beds in the rest home wing.</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</p>

		<p>villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and records progress towards the achievement of these goals.</p> <p>Arvida's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) have all been inducted in their role. 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</p>
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		<p>the goal is achieved.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Arvida Group contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti and tikanga Māori training. There is a Pacific advisor that assists the organisation with the implementation of the Pacific health plan.</p> <p>The working practices at Arvida Strathallan 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 is a registered nurse and has been in the role at Arvida Strathallan since October 2023 and has management experience in the aged care industry across different providers. The village manager is supported by an experienced clinical manager that has been in the role since October 2023 and had been the clinical coordinator in the preceding year. The clinical manager is supported by a clinical coordinator for the rest home/dementia unit. The management team are supported by the Arvida head of clinical quality, head of clinical governance and head of wellness and compliance (present at the time of the audit).</p> <p>The village manager and clinical manager interviewed stated they have both received orientation to their role and are still working towards their</p>
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		<p>eight hours of professional development required related to the management of an aged care facility.</p> <p>Presbyterian Support South Canterbury (PSSC) has ownership of two aged care facilities in Timaru and one in Temuka. They are experienced providers of aged care with experience in providing rest home, hospital and secure dementia services. PSSC has a well-established organisational structure, including financial management, and there will be no changes to key personnel at site level, and RN full time equivalent and wellness partners will remain unchanged. The current VM will have overall responsibility of the day-to-day operations and will report to the CEO. The general manager of Presbyterian Support will work alongside the VM during the transition period. The clinical manager will have overall responsibility for clinical management. There is an established clinical governance with peer support processes between the facilities. The organisation has developed a clear transition plan to support the management during the transition. At the time of the audit, the conditional period ends 15 April 2024, and the proposed settlement date is 1 May 2024. The funder Heath New Zealand – South Canterbury has been informed.</p>
<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>	FA	<p>Arvida Strathallan 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 and initiatives relates to decrease falls rate of rest home residents and decrease pressure injury rates in the hospital. Quality improvements are</p>

		<p>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 review quality data, resident and family/whānau feedback, with the goal of improving health equity. New policies or changes to a policy are communicated to staff. Staff have 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/whānau satisfaction surveys (December 2023) has been completed with overall satisfaction. High levels of satisfaction were indicated for safety/security; cultural preferences are respected; respectful staff; and staff willingness to assist. The results were received a few days prior to the audit and corrective actions were not yet documented or shared with staff, residents and family/whānau; however, the village manager has identified an improvement around activities is required.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, investigated and a plan develop to respond to them. An up-to-date hazard register was reviewed (sighted). 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 and a severity risk rating is given. 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</p>
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		<p>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 ten Section 31 notifications completed to HealthCERT since the last audit, and seven were related to notification of stage III and unstageable pressure injuries.</p> <p>HealthCERT was notified of a change in village manager, and of the change in clinical manager (letters sighted). There has been one Covid-19 outbreak since the last audit, which was reported to Public Health authorities appropriately.</p> <p>The CEO and GM of PSSC confirmed to have a good understanding of Ngā Paerewa Standard and the contractual requirements related to the different service levels.</p> <p>The PSSC organisation has a well-established quality and risk management programme that they plan to implement at Arvida Strathallan. PSSC anticipated starting to implement the new electronic management system as early as 15 April 2024. The CEO stated PSSC organisational policies meets the requirements of the Ngā Paerewa Standard. A phased transition plan for the implementation of PSSC own organisational policies and quality plan (including a meeting schedule and internal audit schedule) to ensure continuity of the quality and risk management programme, with full implementation envisaged for 1 July 2024. The current GP/NP, physiotherapist and pharmacy will remain unchanged. National suppliers will change; however, transition is planned to occur without any disruptions. There are no legislative compliance issues that could affect the service.</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</p>	FA	<p>Arvida Strathallan 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 106 staff in various roles. Staffing rosters were sighted and there is sufficient staff on duty to meet the residents' clinical and cultural needs. There are four rosters, one for each area: hospital, rest home, dementia unit and serviced apartments.</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>The clinical manager and one clinical coordinator work 40 hours per week and are available on call after hours for any operational and clinical concerns, respectively. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There are RNs allocated to oversee the hospital, rest home, dementia unit (two days) and serviced apartments (two days). The full-time enrolled nurse works in the dementia unit. The wellness partners in the hospital oversee the three residents in the serviced apartments at night.</p> <p>There are designated activities, food services, cleaning, and laundry staff, seven days a week. Interviews with staff, residents and family/whānau 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 2023 and 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 – South Canterbury 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 provides opportunities for the workforce to learn about and address inequities.</p> <p>Arvida Strathallan supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 53 wellness partners employed. Two wellness partners have achieved level two; 47 have completed level three or level four NZQA qualification. There are 19 staff who are employed to work in the dementia unit. Fifteen have completed the required standards, four are enrolled to complete the standards within the required timeframe. All staff are required to complete competency assessments as part of their orientation. Wellness partners are</p>
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		<p>required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), medication, hand hygiene, insulin administration and cultural competencies.</p> <p>Registered nurses' and an enrolled nurses (EN) complete competencies including restraint, and medication competency (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. A record of completion is maintained on an electronic register. 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>The PSSC management interviewed confirmed to have a policy regarding staff skill mix and acuity that meets contractual obligations and rostering around the acuity of residents. The management confirmed that the current roster plan for service management will remain; on-call arrangements will be managed at each site. Staff will remain the same, with no changes to the management team.</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</p>	FA	<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. A three-month appraisal and development meeting occur three months after</p>

culturally safe, respectful, quality care and services.		<p>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> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently, Arvida supports an employee assistance programme across all its sites which is available to all staff.</p> <p>The PSSC management interviewed stated they offered similar employment conditions to employees and have the appropriate job descriptions and employee contracts in place. Employees on visas are supported with their change in visa requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the</p>

		<p>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> <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>	FA	<p>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> <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 clinical manager 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 Strathallan. The analysis is completed by Arvida Group support office and results shared with facilities. The</p>

		service has a meaningful partnership and working relationship with the local marae and local kaumātua to benefit Māori individuals and family/whānau.
<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>	PA Moderate	<p>Eight resident files were reviewed (three rest home, three hospital and two from the dementia unit). A registered nurse is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.</p> <p>The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Contractual requirements related to meeting timeframes, including initial assessments, initial care plans, interRAI assessments, initial long-term care plans, long-term care plans, activities care plans and evaluations were not always met. Documentation and interviews with residents and family/whānau confirmed their involvement in the care planning process. Resident's specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. The files reviewed identified that care plans were commenced; however, not all care plans reviewed had all the interventions in place to address all needs and risks identified. The long-term care plans are 'living documents' and interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved. The care planning process aligns with the service's model of living well. Challenging behaviour is assessed when this occurs. Cultural assessment details are weaved through all sections of the care plan.</p> <p>Residents' files reviewed did not always have a behaviour plan to address behaviours that challenge, associated risks and supports needed for managing/diversion of behaviours. The long-term care plans for residents in the dementia unit 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>There were no residents who identified as Māori at the time of audit.</p>

		<p>The registered nurses interviewed describe removing any potential barriers, ensuring all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans.</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. The GP or NP 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. The GP or NP is available after hours or in his absence, there is an after-hours service. A physiotherapist visits the facility once a week and reviews residents referred by the registered nurse.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, GP and NP 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 40 active wounds from 18 residents. These included venous ulcers, skin tears, abrasions, surgical wounds, pressure injuries and bruises. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. There were seven residents with pressure injuries (one non facility acquired unstageable, two stage III, and four stage II).</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. 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</p>
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		<p>resident's condition alters, the registered nurse initiates a review with the GP/NP. 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 been routinely commenced in an event of unwitnessed falls, as part of post falls management; however, not all neurological monitoring has been completed as required and not all monitoring occurred as scheduled.</p> <p>Resident care and monitoring charts are reviewed on each shift and reported at handover. Long-term care plans are formally evaluated; however, these are not always completed as scheduled. The evaluations include the degree of achievement towards meeting desired goals and outcomes are documented by the RN.</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.</p> <p>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>	FA	<p>The residents' activities programme is implemented by one full-time wellness leader who works Monday to Friday and ensures the provision of 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 sports-based activities; 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 exercises and board games. 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 leader and wellness partners occur regularly. An outing is organised most days 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 programmes specific to dementia unit and the other for rest home and hospital level care residents. The dementia unit'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 leader.</p> <p>The wellness leader and wellness partners integrate te reo Māori in the daily activities programme with the use of te reo Māori phrases and everyday words. 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. Māori sing a long and a hangi have been included in the activities programme, and family/whānau participation in the programme is encouraged. The service has good connection with Te Aitara kihi marae and has access to cultural resources through Arvida support office. 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; however, not all activities care plans have been completed in a timely manner following admission (Link 3.2.1). Information on residents' interests, family, and previous occupations is gathered</p>
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		<p>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 are held in each unit and include discussion of activity preferences.</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 four locked treatment rooms. Registered nurses, the enrolled nurse 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 the hospital, rest home, dementia and apartment units. 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 room temperatures have exceeded within the acceptable temperature range in the apartments. Eye drops and creams were</p>

		<p>dated on opening; however, not all eye drops were discarded when required. Inhalers were not always dated and discarded when required.</p> <p>Sixteen 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 reviewed.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication was not always 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, access to medications, 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>The prospective provider interviewed confirmed the current medication system and pharmacy contract will remain.</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>	FA	<p>The kitchen manager oversees food services in the two kitchens. All meals are cooked in the main kitchen. The second kitchen is used for preparation and plating of baking, morning and afternoon teas and café food. The kitchen manager is supported by a baker and 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 preferences, as discussed in weekly (every Friday) resident meetings. Food preferences and cultural preferences are encompassed into the menu eg, hangi, rice, and the monthly cultural themes. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary</p>

		<p>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 chiller and a vertical 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 hair nets, aprons, and gloves. There is a verified food control plan expiring June 2024. Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the food is served from a bain-marie directly to the residents in both units (rest home and dementia); as the servery is accessible to both dining rooms. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Hospital and apartment meals are placed in temperature controlled hot boxes which are transported to the dining rooms and served by staff from a bain-marie to residents. Food temperatures are recorded. Residents may choose to have their meals in their rooms. 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>The prospective provider stated the service provision related to the</p>
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		kitchen and menu planning will remain. The PSSC dietitian will review the new menu in the future.
<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>	FA	<p>Planned 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 discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all 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>	FA	<p>The building holds two building warrant of fitnesses. The care centre and the apartment warrant expire 1 May 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 person who carries out minor repairs and maintenance and a team of gardeners. 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 compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. This plan comes from Arvida Group office but is adjusted to meet Strathallans' needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor in February 2024. Annual checking and calibration of medical equipment, hoists and scales was completed in August 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</p>

		<p>provide care.</p> <p>There were major refurbishments completed to the 27 beds in the hospital wing (Ivy Preston) in March 2023 and one room was changed to a whānau room. The total number of hospital level beds reduced to 26. The Arvida group lead for special projects consulted with their Māori advisor when the significant changes were made and to include a whānau room.</p> <p>There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture and seating, and shaded areas.</p> <p>The corridors are carpeted in the rest home (29 beds in Colin Murdoch wing) and hospital (26 beds in Ivy Preston wing). The corridors and communal areas in the dementia unit (Ailsa Bailey with 20 beds) have been recently refurbished with vinyl planking. Bedrooms are either carpet or vinyl. Vinyl surfaces are in all bathrooms/toilets and the kitchen. Corridors are wide and there are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. All resident rooms in the facility are for single occupancy. Residents and their family/whānau are encouraged to personalise the bedrooms as sighted. Residents interviewed, confirmed their bedrooms are spacious and they can personalise them as they wish.</p> <p>All areas (rest home, hospital and dementia unit) have a separate dining area and lounge. Additionally, there are several smaller areas to create a more home-like environment. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There is a small library, and a large community room to accommodate whole facility events.</p> <p>There are 47 apartments and has its own separate lounge and dining room which is light and spacious.</p> <p>In the dementia unit, all resident rooms have an ensuite toilet and sufficient number of communal showers. There are visible cues for the showers. The secure dementia unit has a secure garden area which is freely accessible to residents and includes an indoor-outdoor flow. The garden has paths in loops with no dead ends, and areas of interest</p>
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		<p>such as the aviary and raised vegetable gardens.</p> <p>The rest home rooms have an ensuite with a shower, except for eight rooms which only have toilet ensuites. 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>All showers/toilets have appropriate flooring and handrails. Ensuites are spacious to accommodate transfer equipment. All bedrooms and communal areas have ample natural light and ventilation. Underfloor heating and air conditioners 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.</p> <p>The facility has designated external smoking areas, but smoking is discouraged.</p> <p>The prospective provider has no immediate future plans for major refurbishment, construction or installation.</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>	FA	<p>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>Staff received education in the management of emergency and fire procedures at orientation and annually. There is at least one first aider on each shift with a current first aid certificate. There are two approved NZ Fire Service evacuation schemes in place for the apartment (31 August 2021) and care centre (approved 26 May 2021). Six-monthly fire evacuation drill notification documentation was sighted. 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</p>

		<p>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, a store of emergency water (bottled), and ceiling header tanks (excess of 3000 litres) for three 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. There is a generator on site if there is a power failure.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Some residents have a neck pendant or wrist call bell. Other 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. This was also confirmed by reviewing the call bell report of the last four weeks. 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. A security company checks the external environment twice a night. 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. There is an electronic sign in process for all visitors and contractors. The service utilises security cameras at the main entrance, at all exit doors, all nurses' stations, all medication rooms, and reception.</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</p>	FA	<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 Health New Zealand- South Canterbury. 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.</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>There is an Arvida infection control steering group which is comprised of representatives from several care communities who meet quarterly 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/NP, 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>	FA	<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 Health New Zealand 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, a pandemic team with a virologist, and Health New Zealand-South Canterbury.</p> <p>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. There is commitment to infection control and AMS</p>

		<p>documented in the strategic plan. The infection control and AMS programme is reviewed annually by Arvida support office, in consultation with the infection control coordinators.</p> <p>The service has a Covid-19 response plan which includes preparation and planning for the management of outbreak. There was one resident in the rest home that was in isolation with Covid-19 on the days of the audit. There is ample personal protective equipment (PPE), and these are regularly checked against expiry dates. This was evident as part of an outbreak kit outside the resident's room.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The procedures to check these are included in 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. There are no other refurbishments, construction or installation planned. 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</p>
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		<p>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>	FA	<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>	FA	<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) and ethnicity 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.</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. Internal infection control</p>

		<p>audits are completed with corrective actions completed for areas of improvement. The service receives email notifications and alerts from Arvida head office and Health New Zealand-South Canterbury for any community concerns.</p> <p>There has been one outbreak since the previous audit. The outbreak was contained and managed well with outbreak meetings, lessons learned meetings, and guidance from Arvida support office, Public Health, and Health New Zealand -South Canterbury.</p> <p>One resident was in isolation with Covid-19 in the rest home. Staff were observed to follow the guidelines as specified in the Covid-19 plan. There was appropriate signage on the door and an outbreak station with PPE outside the door.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<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 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 are two laundries on site. One in the main building and one in the serviced apartments. All laundry operations are operational seven days a week. There is a laundry assistant on duty each day. Wellness partners provide laundry services in the apartments. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry</p>

		<p>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 and laundry audits.</p> <p>The prospective provider states there are no immediate changes planned to the environment. The laundry services will remain in-house.</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>	FA	<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. The Arvida group is committed to provide restraint-free environments to their residents and this is reflective in their Arvida Living Well model of care and strategic direction. An interview with the restraint coordinator (clinical manager) described the organisation's commitment and restraint is actively monitored by Arvida Wellness and Care team.</p> <p>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 at least the last two years. This is achieved using proactive de-escalation strategies. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required) includes the resident (if competent), GP/NP, 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>

		The management of PSSC interviewed confirmed a commitment to a restraint-free environment and understand their responsibilities in respect of restraint minimisation and safe practice.
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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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	<p>Initial assessments have been developed within required timeframes for three of the eight files reviewed. Four of the initial care plans have been completed within required timeframes; although, one was not informed by initial assessments. Long-term care plans have been developed within required timeframes for two of the eight files reviewed. However, two of the long-term care plans which were completed outside of required timeframes were not informed by an initial interRAI assessment. In addition to this, in one of the four files where there was no initial assessment, a six-monthly interRAI was also not completed. In three of the eight files, the care plan evaluations were not completed in a timely manner.</p>	<p>(i). Five of eight initial assessments were not completed within required timeframes.</p> <p>(ii). Four of eight initial care plans were not completed within 48 hours of admission.</p> <p>(iii). Four of eight interRAI assessments were not completed within three weeks of admission.</p> <p>(iv). Five of eight long-term care plans were not completed within three weeks of admission.</p> <p>(v). Two of two residents who required interRAI</p>	<p>(i)-(vi). Ensure assessments, care plans and evaluations are completed within required timeframes.</p> <p>60 days</p>

			<p>reassessments were not completed within required timeframes.</p> <p>(v). Three of three residents who required long-term care plan evaluations were not completed within required timeframes.</p> <p>(vi). Five of eight resident files reviewed did not have activities plans completed within required timeframes.</p>	
<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 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</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan on the electronic resident management system. Assessment tools were not always fully 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 an enrolled nurse; with seven 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 planning to demonstrate compliance.</p> <p>Wellness partners are knowledgeable</p>	<p>(i). One rest home resident with continence requirements, skin care needs, delirium and wandering behaviours did not have interventions to manage the clinical risks and interventions in the long-term care plan.</p> <p>(ii). The care plan of one rest home resident with insulin dependent diabetes did not identify signs and symptoms of hypoglycaemia or hyperglycaemia.</p> <p>(iii). One hospital resident on oxygen therapy did not have comprehensive interventions related to management of oxygen requirements.</p> <p>(iv). One hospital resident and one rest home resident did not</p>	<p>(i)-(v). Ensure interventions are documented in detail to manage and guide the care of the resident.</p> <p>90 days</p>

are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (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; (h) People's care or support plan identifies wider service integration as required.		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.	have in the care plan information related to the personal care interventions of areas where wounds are. (v) One dementia resident's care plan did not include sufficient interventions to manage identified behaviours, nutritional supports, mobility and falls prevention instructions as per physio instructions.	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Moderate	<p>Registered nurses create worklogs with required frequencies to ensure service delivery, these include weight recordings; blood pressure and vital signs; food and fluid charts; bowel charts; reposition charts; behaviour monitoring; intentional rounding/checks; toileting; and three-day continence charts. The required monitoring was documented in care plans; however, not all monitoring was completed as scheduled. Arvida has a documented policy for the management of unwitnessed falls and neurological observations; however, not all neurological observations were completed as scheduled. Registered nurses review monitoring charts as part of daily reviews.</p> <p>Short-term care plans (STCP) were not utilised and on interview, registered nurses advised long-term care plans are updated to ensure care delivery requirements are updated; acute changes</p>	<p>(i). Ten of ten neurological monitoring charts reviewed were not completed as scheduled.</p> <p>(ii). Repositioning charts for two hospital level care residents were not completed as scheduled.</p> <p>(iii). Skin checks for three hospital resident files reviewed assessed at risk of pressure injuries were not completed as scheduled.</p> <p>(iv). Toileting and catheter checks were not completed as scheduled for two hospital resident files reviewed.</p>	<p>(i) – (iv). Ensure monitoring occurs as scheduled.</p> <p>60 days</p>

		in health status were updated in the LTCP.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurses, enrolled nurse 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, standards, and legislative requirements. As per policy, medications are required to be discarded in accordance with manufacturer's instructions; however, this is not always adhered to. Staff have received training related to medicine management and audits have been completed in line with Arvida audit schedule. As required medication is charted for pain and behaviour management; however, the effectiveness of 'as required' medication was not always documented.</p>	<p>(i). Medication room and fridge temperature monitoring and recording has not been completed consistently in the rest home and hospital unit.</p> <p>(ii). Medication room temperatures in the apartments have been above 25 on 19 occasions over the previous two months.</p> <p>(iii). Five of six inhalers in the hospital area with a discard instruction of thirty days were not dated on opening.</p> <p>(iv). Two of two eyedrops in the apartments were dated and in current use past the manufacturer's recommended expiry dates.</p> <p>(v). Effectiveness of 'as required' medications was not consistently recorded.</p>	<p>(i). Ensure temperature monitoring and recording for the medication room and fridge is occurring consistently as per policy.</p> <p>(ii). Ensure medications room temperatures are maintained at 25 degrees or below.</p> <p>(iii) – (iv). Ensure inhalers and eyedrops are dated on opening and discarded as per manufacturer's instructions.</p> <p>(v). Ensure effectiveness of 'as required' medication is documented.</p> <p>60 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.

No data to display

End of the report.