

# Queenstown Country Club Living Well Limited - Lake Wakatipu Care Centre

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## Introduction

This report records the results of a Partial 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:** Queenstown Country Club Living Well Limited

**Premises audited:** Lake Wakatipu Care Centre

**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: 23 August 2024 End date: 23 August 2024

**Proposed changes to current services (if any):** The current Lake Wakatipu Care Centre is certified for 35 dual-purpose beds. This service is being closed and all 33 current residents will be moving to the new Lake Wakatipu Care Centre down the road within the Queenstown County Club village. The new care centre is spacious, and purpose-built facility.

The new care centre is across three floors. The design of the facility embraces Arvida's living well model, with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 52 dual-purpose beds across five households (each household has either 10 or 11 beds) and a 10-bed secure dementia household. All rooms in the care centre are licence to occupy units. The service plans to open from 16 September 2024

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

## General overview of the audit

Lake Wakatipu Care Centre is owned and operated by the Arvida Group. The organisation has built a new Lake Wakatipu Care Centre within the Queenstown Country club. The care centre is spacious, and purpose-built facility, which will replace the current care centre in Frankton. The 33 residents living at the current Lake Wakatipu Care Centre further down the road will be transferred to the new care centre on opening.

The new care centre is across three floors. The design of the facility embraces Arvida's living well model, with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 52 dual-purpose beds across five households (each household has either 10 or 11 beds) and a 10-bed secure dementia household. All rooms in the care centre are licence to occupy units. The service plans to open from 16 September 2024.

This partial provisional audit was undertaken to assess the new purpose-built care facility. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management. The audit process also included previous audit shortfalls around care planning.

The two previous audit shortfalls in subsection 3 around care planning were also reviewed as part of this audit and identified that these have been addressed.

The village manager at Lake Wakatipu has been in the role for the last seven years and has been fully involved in the setting up of the new care facility. He is supported by an experienced aged care clinical manager and Living Well manager.

The audit identified the design of the households (including the dementia household), staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

Improvements are related to opening of the new facility and landscaping.

## **Ō tātou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

There are several governance bodies within the Arvida Group. The Arvida Wellness & Care Team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa section and referenced to legislation where appropriate. This team leads the Attitude of Living Well across Arvida's retirement communities to ensure resident experience aligns with the Arvida mission and vision.

Data is captured by the Wellness Systems Manager on a monthly and quarterly basis to review specific agreed clinical Indicators, both internally, nationally and with other service providers, with the goal of improving outcomes within the care communities.

There is a Lake Wakatipu business plan and transition plan around the opening of the care centre.

Arvida's overall goal is to engage the resident as a partner in care. This puts the resident at the centre of care, directing care where they are able and being supported by and with family/whānau as much as practicable.

Lake Wakatipu have developed a number of draft rosters as resident numbers increase across the new facility.

There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified, or the monthly organisational learning focus and challenges.

The service has Human Resource (HR) policies; HR recruitment processes; a comprehensive induction orientation and training package; documented job descriptions; new employee package; employee handbook; and Attitude of Living Well training package and resources. Staff from the current Lake Wakatipu care centre are transferring to the new care centre with the residents. A two-week induction programme is being provided for all staff around the new environment and equipment.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The attitude of living well policy describes the organisations framework for activities. The activity programme aligns with the Wellness model of care including eating well, resting well, thinking well, engaging well, and moving well.

A wellness leader is employed to oversee the activity programme at Lake Wakatipu. The wellness leader will provide individual and group activities and guide wellness partners (support workers) to complete activities with the residents. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time.

Medication policies reflect legislative requirements and guidelines. There are secure medication rooms situated on all three levels. The registered nurses and designated wellness partners are responsible for administration of medications. Education and medication competencies are to be completed during the induction weeks.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. Each household has their own kitchen and dining area. The menu has been reviewed by

a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered and will be verified at the new site.

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

The care centre is built over three floors. There is lift access between the floors. The resident areas are fully furnished, and carpet and vinyl are laid. There is a current certificate of public use.

All resident suites are spacious with large windows or sliding doors. Each suite has a kitchenette area and spacious ensuite. The corridors are wide and there is easy access to all areas and both floors for residents using mobility aids. The dementia unit is spacious with a number of lounges and access to outdoor areas. All new furniture and equipment has been purchased and installed.

The service has a maintenance team and gardeners. Preventative and reactive maintenance schedules will be implemented.

The fire evacuation plan has been approved. There are emergency exits clearly identified. Organisational emergency preparedness policies and procedures are available, and staff will receive training around emergency management during the induction period. There is a call bell system linked to staff phones. There are security procedures in place.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is established in the role at the current Lake Wakatipu facility. Education is provided to staff at induction to the service and is included in the education planner. Antimicrobial medicine data is collated and monitored monthly. Surveillance processes are documented and implemented. Internal benchmarking within the organisation occurs and will continue at the new Lake Wakatipu Care Centre.

There is a laundry situated on the ground floor in the service area and each household as their own small laundry. Lockable cleaning trolleys have been purchased.

## **Here taratahi | Restraint and seclusion**

The Arvida Board is committed to the elimination of restraint use, and this is being actively monitored across the organisation by the Wellness & Care Team. Restraint benchmarking data across other Arvida facilities is reported to the Board monthly.

There is a comprehensive restraint policy to guide the safe use of restraint, should it be assessed as required. The facility restraint elimination training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.

The clinical manager is the restraint coordinator and will continue to provide support and oversight for restraint management in the new facility.

## 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	13	0	2	0	0	0
Criteria	0	91	0	2	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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 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>Lake Wakatipu Care Centre is owned and operated by the Arvida Group. The organisation has built a new Lake Wakatipu Care Centre within the Queenstown Country club. The care centre is spacious, and purpose-built facility, and will replace the current care centre in Frankton. The 33 residents living at the current Lake Wakatipu Care Centre further down the road will be transferred to the new care centre on opening.</p> <p>The new care centre is across three floors. The design of the facility embraces Arvida’s living well model, with each household designed as a small stand-alone household, with its own kitchen and lounges. There are a total of 52 dual-purpose beds across five households (each household has either 10 or 11 beds) and a 10-bed secure dementia household. All 62 rooms in the care centre are licence to occupy units. The service plans to open from 16 September 2024.</p> <p>The audit identified the design of the households (including the dementia household), staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.</p> <p>Arvida Group has a well-established organisational structure. There is an</p>

	<p>overall Arvida Group Living Well Community 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 family/whānau as much as practicable. This is reviewed each year, and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida Group’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team, and support partners (now regional managers).</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from three regional managers (previously Arvida support partners) providing mentoring and reporting 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. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at Lake Wakatipu.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There is a clinical governance group that is responsible for the Arvida Group’s overall clinical governance. Arvida has a contracted Māori consultant who has been integral in development of the Māori</p>
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	<p>Health plan, updating policies to ensure these are culturally relevant, and education with staff at all levels, to ensure an increased awareness in cultural safety.</p> <p>The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, Māori practitioner, clinical manager representative, expert resident, and wellness leader/manager representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Clinical Governance Group are incorporated into regular reports to the chief executive officer (CEO).</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. Strategic direction and goals are regularly reviewed. The working practices at Mary Doyle Lifecare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. There are a Health Equity Group and a Māori Advisory Group, both of which have confirmed terms of references available and support any cultural issues arising from the villages and consult on matters where policy or practice change may be required.</p> <p>The Arvida Living Well Community 2023- 2024 business plan is specific to Lake Wakatipu and describes specific and measurable goals that are regularly reviewed and updated. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training. There is a transition plan and regular meetings around the progress of the transition plan to the new care centre.</p> <p>The village manager at Lake Wakatipu has been in the role for the last seven years and has been fully involved in the setting up of the new care</p>
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		<p>facility. He is supported by an experienced aged care clinical manager and Living Well manager.</p> <p>The clinical manager at Lake Wakatipu has the role to lead clinical governance within the care centre and she is also supported by a Living Well Manager (RN). The Wellness and Care team (based in the Support Office) provides a specialised team to support best practice in a number of clinical areas – specifically the Head of Clinical Governance and the Head of Clinical Quality - for example medication management, pressure injury, dementia care, all of which have access to expert advice, when and if required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an Arvida Staffing Rationale policy and the new Lake Wakatipu opening and transition plan. Lake Wakatipu have developed a number of draft rosters as resident numbers increase across the new facility. Initially five of the households will open and the current 33 hospital-rest home residents will move into three of the households.</p> <p>There is also a detailed workforce planning tool which allows managers to more accurately predict how many team members they will need in place, based on the agreed safe staffing ratios.</p> <p>The draft roster identifies that there is a wellness partner (support worker) rostered AM and PM shift in each of the households. A registered nurse is rostered on each floor across 24/7 and the clinical manager 8 am – 4.30 pm Mon- Fri.</p> <p>All staff at the current Lake Wakatipu Care Home will transfer to the new facility. This includes nine registered nurses (two are interRAI + managers, all have a current first aid certificate). Thirty-two wellness partners, one wellness leader (responsible for supporting staff to provide activities), four kitchen staff, and two cleaners.</p> <p>The management team are in the process of interviewing for further staff for the increase in resident numbers with the intention to employ a further six support workers, two laundry/cleaners, and another chef. However, there is currently enough staff employed to cover the roster on opening.</p> <p>A wellness leader (trained Diversional Therapist) with support from the</p>

		<p>clinical manager will oversee the dementia household .</p> <p>The Arvida people and culture team continues to develop and grow, and there are a number of specialist roles and expertise employed, including employment relations and recruitment.</p> <p>There is an online learning and development platform (Altura) which gives staff easy access to learning and development in line with the needs identified or the monthly organisational learning focus and challenges. Altura learning is captured on the individual staff member's learning and development file. Staff and residents are encouraged across Arvida to participate in Attitude of Living Well training and regular household meetings to maximise participation in their household activity. A training plan is in place.</p> <p>In addition, staff across Arvida have access to training which includes: Lippincott online, Frailty Care Guide, monthly challenges, and focused village learning (eg, palliative care training, specialised wound care training).</p> <p>The organisation has mandatory competencies which include: safe moving and handling; medication competency; hand hygiene/infection prevention and control (annually); fire safety; and emergency management (six-monthly). Current staff are up to date with their competencies.</p> <p>Wellness partners (support workers) are supported to complete Careerforce. All Wellness partners rostered in the dementia unit have completed the required dementia standards. All Wellness partners have completed NZQA level 2 or above including 16 staff that have level 4.</p> <p>The Arvida People and Culture team is designed to strengthen the people and culture function and provide improved organisational support, feedback, and staff health equity expertise as part of this process. Currently, Arvida supports an employee assistance programme 'Raise' across the organisation, which is available to all staff.</p> <p>They also conduct a quarterly employee survey which provides regular feedback on their team's engagement levels and wellbeing.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training packages, documented job descriptions, a new employee package, employee handbook and Attitude of Living Well training package and resources. Individual HR files are kept for each staff member. Five staff files were reviewed, and all were up to date including having current appraisals. The service validates professional qualifications as part of the employment process. The service has a contract with a local GP medical provider. The GP visits once a week at the current Lake Wakatipu facility and advised that hours will increase at the new facility as resident numbers increase. The GP service will be available on call (by phone or text) after hours.</p> <p>There is a contracted physiotherapist that provides four hours a week and a speech language therapist that visits weekly. A contract is in place with a local pharmacy and a podiatrist.</p> <p>As all current staff are transferring from the current lake Wakatipu home, a two-day environmental induction including training on the equipment is being scheduled for 28 &amp; 29 August 2024.</p> <p>Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling; infection prevention and control; hand hygiene;</p> <p>Ethnicity data information is captured in the payroll and Time Target systems. Staff have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by management.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>Five resident files were reviewed, one rest home residents and four hospitals (including four residents with acute health changes). Registered nurses (RN) are responsible for conducting all assessments and developing the care plans. Enrolled nurses work in partnership with the RNs and have input into the development and evaluation of the care plans.</p> <p>All five resident electronic files had an initial care plan completed within the required timeframe. The files includes linked assessments and interventions to support care. InterRAI assessments were completed</p>

<p>whānau to support wellbeing.</p>		<p>within the required timeframe; and triggers identified were followed through into the care plan reviewed. All five files reviewed identified interventions to support current assessed needs. This is an improvement on the previous audit.</p> <p>Progress notes are written daily by wellness partners. The RNs further adds to the progress notes if there are any incidents or changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Health monitoring interventions for individual residents are recorded in the care plans. Wellness partners and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries.</p> <p>The service meets care plan evaluation timeframes. There is multidisciplinary input into the care of residents when required and include a wound nurse specialist, hospice, physiotherapist, and speech and language therapist. Evaluations are recorded to identify the progression towards goals. Registered nurses complete short-term issues in the progress notes and this is updated in the running record of interventions in the care plan. Where there had been acute changes in health status in four resident files reviewed, there was documented evidence where acute changes had resolved or remained as part of the long-term care plan. This is an improvement on the previous audit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>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</p>	<p>FA</p>	<p>The attitude of living well policy describes the organisations framework for activities. The activity programme aligns with the Wellness model of thinking well, engaging well, eating well, resting well, and moving well.</p> <p>There is a wellness leader (trained Diversional Therapist) who will continue to oversee the activity programme at Lake Wakatipu. The wellness leader will provide individual and group activities and guide wellness partners (support workers) to complete activities with the residents. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time. The activity plan is</p>

<p>satisfying to them.</p>		<p>incorporated within the care plan.</p> <p>The service has a 12-seater van for outings into the community.</p> <p>Activities will be held in the large communal lounge on the first floor, and smaller group activities can run concurrently in the smaller household lounges. The dementia unit has a separate lounge/dining and also a quiet lounge.</p> <p>Household meetings will be held regularly to provide resident input into the activity programmes.</p> <p>The service ensures their staff support Māori residents in meeting their health needs and aspirations in the community. Te Reo is encouraged through the use of Māori words. Māori language week and Matariki is part of the activities calendar.</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>FA</p>	<p>There are medication management policies in place. There is a contract in place with a pharmacy who will continue to deliver medications to the new facility. The service will continue to implement the electronic Medimap medication system with blister packs being delivered weekly. There is a medication room situated on the ground floor (one between the dual-purpose household and the dementia household) and a medication room on level one and level two between two dual-purpose households. The medication rooms were all fully fitted with adequate cupboard and stainless-steel bench space, a locked controlled drug safe, and medication fridge. The rooms were all secure with swipe card access. The medication rooms have security cameras fitted, and good lighting. Medication rooms are temperature controlled to ensure a steady room temperature is maintained. Each resident room has a locked drawer that can store resident blister packs for the week.</p> <p>All resident's routine medications will be stored in a locked cupboard in the resident's ensuite, which is moisture proof. All controlled drugs and 'as required' drugs will be stored in the medication rooms. Medication will continue to be administered by medication competent staff and will include RN's, EN's and Level 3 or 4 wellness partners). The registered nurses will complete syringe driver competencies. All competencies related to medications are up to date.</p>



		<p>Arvida have policies and procedures in place for any residents who wish to self-administer medications. These competencies must be completed and reviewed on a three- monthly basis for any residents wishing to self-administer medications.</p> <p>Arvida do not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system. All residents will be supported to access medication as they choose.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen is situated on the ground floor and is fully furnished. There is a walk-in pantry, chillers, and freezer. The service currently has four kitchen staff that will transfer across from the current facility to the new Lake Wakatipu facility, this includes a kitchen manager, kitchen hand/cook, and two kitchen hands. A further chef is yet to be employed. Meals will be transported to each household in hot boxes and served from the kitchens in each household. All resident rooms have kitchenette areas also. Hobs and microwaves in resident rooms can be disabled/locked if required for safety.</p> <p>Menu development follows Arvida ‘Eating Well’ requirements. The Lake Wakatipu menu has been developed from Arvida’s base menu. Food preferences and cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, family and/or own recipes for the village menu.</p> <p>The menu also contains a themed meal once over the four-week cycle which will be planned between the Food Services Manager and the residents, encouraging resident driven cultural themes. Pure Foods develops a menu which closely matches the base menu and includes a varied range of meal and dessert options.</p> <p>Other specific dietary needs, intolerances and/or allergies are carefully planned alongside residents and Arvida’s national dietitian. As per the organisations Eating Well Pillar, residents are encouraged to participate in aspects of food services as appropriate. Residents who will reside at Lake Wakatipu will be encouraged to assist with folding napkins, setting tables, sharing/teaching staff and performing traditional methods of</p>

		<p>cooking as appropriate (eg, hangi).</p> <p>As per the Dietitians NZ audit tool, the dining environment is audited alongside each menu audit cycle. In addition, Arvida's employed national dietitian will review the dining room environment in relation to up-to-date research, as well as resident requests, needs and personal/cultural preference. The audit encompasses meal presentation; menu visibility; appropriately designed dining room and menu; appropriate equipment for residents; and ensuring appropriate resident led decisions in making the dining room their home.</p> <p>Lake Wakatipu Food Control plan (FCP) has been updated with MPI to encompass the new kitchen and larger scope. It remains part of Arvida's multi-site FCP. An onsite verification has been scheduled for a swap over to the new address on the 13th of September (was approved &amp; scheduled for this date on 14th Aug).</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The new care centre is built across three floors. The ground floor has one dual-purpose household and one dementia unit). The first floor and the second floor have two dual-purpose households on each floor. The facility has been designed in a household configuration in accordance with the Arvida 'living well' model of care.</p> <p>Central heating is designed throughout the Care Centre and each room (both communal and within resident's care suites) can be individually set to the desired temperature. These settings all have safety locks. While each household has their own lounge area, there is also a spacious lounge area on level two for large groups and entertainment. Residents and families will also have access to a café, and whānau room. There are visitors/ disabled toilets situated close to communal areas. Each dining room and kitchen in each household has safety measures in place; for example, there is a tap with a safety lock fitted which provides boiling water.</p> <p>All equipment has been purchased new, which includes (but is not limited to): king single hi/low beds; lazy-boy chairs for each resident room; medical equipment including blood pressure machines, oxygen concentrator etc; pressure injury prevention equipment; shower chairs; commodes and continence equipment; wheelchairs; falls protection</p>

	<p>equipment, including sensor mats; weigh scales; and a range of mobility equipment.</p> <p>The facility has obtained a Certificate of Public Use 16 August 2024.</p> <p>Arvida has developed preventative maintenance schedules which will be implemented at the new care home. There are two maintenance staff employed. Hot water systems have been fitted, and temperatures checked as part of the requirements for the issuing of the stage one CPU.</p> <p>At that time of the building project, the organisation attempted to meet and consult with local Māori; however, they were not much interest. The Arvida Māori advisory group, has been incorporated in future development projects and have had input into the Te Reo Māori signage around the facility. The manager stated that local iwi have been invited to have a walk-around the new care centre, to provide cultural advice prior to occupancy, however at this stage they haven't confirmed. They have also been invited to have input into the opening ceremony.</p> <p>Dual purpose units (ground floor, level one and two)</p> <p>The five dual purpose households are fully completed and furnished. In line with the living-well model, a home-like desk is stationed in the lounge area for staff to complete computerised notes as needed, rather than a specific nurse's station. There is a specific nurse's room on level two for private conversations. Each household of 10 or 11 resident rooms has an open-plan lounge/dining area and kitchen. There are handrails in ensuites. All resident rooms have ceiling tracks for hoists to be fitted and all communal bathrooms have sensor lights fitted. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose units for storage of mobility equipment. All resident rooms have large windows or ranch slider doors. Corridors are wide and provide access to all communal areas for residents using mobility equipment.</p> <p>Dementia unit (level one-ground floor):</p> <p>The dementia unit (10 beds) is on the ground floor. The unit is fully completed and furnished. There is door release button at the entrance to</p>
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		<p>the unit and a key-pad exit.</p> <p>There are handrails in ensuites. Each resident room has a small kitchenette and spacious ensuite. There is a use of colours in the ensuite, including a different colour toilet seat and sensor lights. All rooms and communal areas allow for safe use of mobility equipment. The unit's design and equipment purchased, specifically consider residents with confused state. There is a centrally located spacious open plan lounge and dining area. There is a quiet room at the end of the hallway.</p> <p>The new unit has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the new unit for storage of mobility equipment. A nurse's office is contained within a large cupboard off the lounge area that be kept open or closed.</p> <p>The dementia unit has a landscaped outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There is another door off the quiet lounge to the outdoor area which provide a circular path for wandering. The outdoor area includes (but is not limited to) directional paths with raised gardens, shade, and seating. The secure garden is in the process of being completed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The fire evacuation scheme has been approved by the fire service on 12 August 2024. Arvida have a suite of policies and procedures in relation to emergency preparedness. Fire exits and signage has been installed throughout the facility. Emergency equipment, including an advanced resuscitation bag and evacuation chairs, have been purchased. A fire drill is scheduled as part of the induction days to the new facility. Arvida education schedules include fire safety and emergency management as ongoing education annually. All registered nurses are first aid trained.</p> <p>There are adequate emergency water supplies with a large emergency water tank (12,000 L). Emergency lighting lasts for three hours and a civil defence room within the care centre will be setup with a checklist of supplies. Communication – medimap electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. The Queenstown Civil</p>

		<p>defence regional group meets in an outdoor room in the village and civil defence equipment such is being stalled onsite including generators. They also have a national agreement for local suppliers to provide a generator when needed. The village manager advised they are also in the process of purchasing a further generator to support communications during a power outage. There are four barbeques available for cooking and extra blankets. There are civil defence kits stored in each floor and extra food being stored in the kitchen.</p> <p>Selected beds have safe sense systems in place to provide an early warning system for residents who are identified as potentially high falls risk. There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to cell phones. Call bells are installed in resident ensuites, resident rooms and all communal areas.</p> <p>The Care Centre site is located within a village and a security services complete nightly site checks. There are security cameras located in corridors throughout the facility. Breaches of security are escalated to the RN on duty and the village manager. The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call after hours to access the facility. The dementia unit as a door release button to access the unit and a keypad to exit.</p> <p>Information on fire and emergency is available as part of resident information provided and staff induction.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme, known as the Infection Prevention Programme (IPP), is supported at the executive (governance) level within the Arvida Group. The IPP is reviewed on an annual basis, and the updated draft forwarded to all villages/care communities for consultation and comment, before being finalised. The Wellness &amp; Care Systems Manager collates data monthly on incidents and rates of healthcare associated infections (HAI), which is first presented to and discussed by the Wellness &amp; Care Team. Data is benchmarked monthly and emailed to villages, to support their quality programme. Representatives can input into the Infection Control Steering Group. Data is regularly presented to the Executive Team and</p>

<p>regional concern.</p>		<p>the Directors, identifying any trends and actions.</p> <p>The Infection Control Steering Group, which is comprised of representatives from several Care Communities who meet monthly, are available to support all villages in infection prevention and control and provide expert advice as and when needed. In addition, Te Whatu Ora IPC specialist teams provide local /regional support and advice as and when needed.</p> <p>The IPC programme policy identifies scenarios when expert advice may be required and who to contact, including a consultant virologist.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>An enrolled nurse Lake Wakatipu will continue in the role as IPC coordinator at the new facility. There is a job description available. The IPC coordinator has completed external training in infection control.</p> <p>There are a suite of infection control policies and procedures available to staff, including (but not limited to): outbreak management; vaccinations; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies reflect the spirit of Te Tiriti.</p> <p>The Infection Control Steering Group, which is comprised of representatives from several care communities, meet monthly, and are available to support all villages in infection prevention and provide expert advice as and when needed. The group has approved the overall infection prevention programme and has input into policies and procedures.</p> <p>A pandemic plan is in place at both an organisational and local level. Support and learning resources are made available by the Arvida Support Office as and when required. The plan includes (but is not limited to): Virology consultant advice; pandemic response team; daily/weekly updates and team's meetings; and procurement support as required.</p> <p>IPC training is completed as part of induction and as part of the annual training plan. Training is led by the IPC coordinator and includes Altura online training and additional IPC support from Health NZ specialist IPC</p>

		<p>team as required.</p> <p>There is an internal audit schedule that includes IPC Practice to Policy and Outbreak Management Review Audit.</p> <p>Personal Protective Equipment (PPE) is ordered by each site and through the Arvida Group support office and a comprehensive stock balance is maintained to support any outbreak. Adequate PPE stocks were available for opening. The IC steering group and Head of Clinical Quality and Head of Clinical Governance have both had input into the design and location of hand basins/ hygiene stations etc. There are hygiene/handwashing stations located in each household.</p> <p>Policies include single use items, healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around sharing medical devices, such as stethoscopes.</p> <p>As an organisation, the Māori Health Advisor/Māori advisory committee will consult with the infection control personnel and committees as and when required.</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 procedure 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 at the current facility and reported to the quality, clinical and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the GP to ensure best practice strategies are employed at Lake Wakatipu.</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>	FA	<p>Monitoring and benchmarking systems (eCase electronic system) are in place to capture surveillance data. Infection monitoring will continue to be the responsibility of the infection control coordinator. All infections are entered into the electronic database, which generates a monthly analysis</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>of the data. Ethnicity data is captured. Standardised definitions are utilised. Processes are implemented, including end of month analysis that includes trends identified, and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data are captured. Benchmarking occurs across Arvida and between other groups. Outcomes are discussed at the infection control team meeting, quality, staff, and management meetings which will continue at the new facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>Each household has a resident laundry with a washing machine, dryer, and ironing board to facilitate resident’s undertaking their own personal laundry, with support by staff. Adequate lighting is provided, and there is adequate space for small amounts of washing. The main laundry is fully fitted out with two commercial washing machines and two commercial dryers. The laundry is in the service-area of the ground floor and includes a dirty to clean flow. A contracted company provides chemicals which are safely stored. Linen trolleys have been purchased. There are adequate centrally located linen cupboards on each floor.</p> <p>Lockable cleaning trolleys have been purchased, and there are secure cleaning cupboards designed to store cleaning equipment and trolleys when not in use.</p> <p>There are sluice rooms on each floor which are fully fitted and furnished. Each sluice room has separate handwashing facilities and a sanitiser, and adequate bench space with a large basin.</p> <p>All household staff and care staff have completed chemical training as part of their orientation and through the annual training programme. There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The Arvida Board is committed to the elimination of restraint use, and</p>



<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>this is being actively monitored across the organisation by the Wellness &amp; Care Team, in particular the GM Wellness &amp; Care and the Dementia Wellbeing Coach. Restraint benchmarking data across other Arvida facilities is reported to the Board monthly.</p> <p>There is a comprehensive restraint policy to guide the safe use of restraint should it be assessed as required. Prior to the implementation of restraint, all other clinical measures must have been tried and outcomes documented, including a comprehensive and transparent assessment, with evidence of family/whānau and resident discussion. The GM Wellness &amp; Care and Dementia Wellbeing Coach are also to be notified.</p> <p>The facility restraint elimination training for staff, begins during induction, and is scheduled annually. Training includes managing behaviours that challenge and de-escalation strategies.</p> <p>The restraint approval process is described in the restraint policy, and procedures provide guidance on the safe use of restraints. The clinical manager is appointed as the restraint coordinator, and she provides support and oversight for restraint management in the facility.</p> <p>Restraint is only to be used as a last resort when all alternatives have been explored. Review of restraint use is to be discussed at quality and staff meetings.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	Landscaping continues to be completed in preparation for opening and the majority of furnishings are in the process of being fully installed. There are induction bench tops in the kitchen of the dementia unit, but these are not induction bench tops in the dual-purpose households which potentially could be a hazard.	<p>(i). The landscaping off the dementia unit secure garden area is in the process of being completed.</p> <p>(ii). Bench top elements are not induction tops in the dual-purpose kitchens.</p>	<p>(i). Ensure the landscaping is completed.</p> <p>(ii). Review the bench top elements across the dual-purpose units to ensure the potential risks are mitigated</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency</p>	PA Low	There is a fire and emergency planning policy. A fire drill is scheduled for all staff at the induction days. Specialised fire warden training has been provided for village manager, clinical manager, and registered nurses.	A fire drill is scheduled for all staff at the induction days	<p>Ensure a fire drill has been completed.</p> <p>Prior to occupancy days</p>

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

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

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

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

No data to display
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End of the report.