

# Oakwoods Lifecare (2012) Limited - Oakwoods Retirement Village

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Oakwoods Lifecare (2012) Limited
<b>Premises audited:</b>	Oakwoods Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 17 September 2024    End date: 18 September 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	48

# 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Oakwoods Retirement village is part of the Arvida Group. Oakwoods Retirement Village provides hospital and rest home level care for up to 48 residents in the care facility and 43 apartments that are certified for rest home level care. On the day of audit there were 48 residents including one resident in the serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There had been no change in management since the last audit. The village manager is supported by a clinical manager, clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and 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 certification audit identified improvements required in relation to care plan timeframes, care plan interventions, monitoring the effectiveness of medication and self-administration of medication process.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Oakwoods Retirement Village provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is 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. The service partners with Pacific communities to encourage connectiveness.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. 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. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/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

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Registered nurses, and wellness partners 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.

The 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 facilitated through all activities.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Planned discharges or transfers are coordinated.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents, was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas with safe access to the outdoors seating and shade. The facility vehicles have a current registration and warrant of fitness. There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six monthly. There is a staff member on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. 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. Antimicrobial usage is monitored. 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. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the last audit, and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	164	0	2	2	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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 Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The Māori health plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>Oakwoods Retirement Village is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau and evidence is documented in the residents' care plan.</p> <p>The village manager interviews all suitably qualified Māori applicants when they apply for employment opportunities at Oakwoods Retirement Village. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees</p>

		<p>and residents. Twelve staff interviewed; three wellness partners (caregivers), four registered nurses (RNs) (including the clinical coordinator and education coordinator), a wellness leader, one kitchen manager, one property manager, one cleaner, one laundry assistant confirmed all cultures were treated equally and welcomed to the workplace.</p> <p>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 a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the Health Equity Group on matters where policy or practice change may be required. The service maintains contact with kaumatua and cultural advisors from Whakatū marae who are available to support the service in meeting the needs of residents who identify as Māori.</p> <p>The service currently has no residents who identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission, all residents state their ethnicity. There were residents who identified as Pasifika. Management interviewed advised that family/whānau of Pasifika residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident's family/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>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pasifika communities to produce their Pacific health plan. Oakwoods Retirement Village has links with the local Pasifika community</p>

		<p>through current staff members who identify as Pasifika.</p> <p>Three managers (village manager, clinical manager, head of clinical quality) described ways Oakwoods Retirement Village is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service was not actively recruiting wellness partners at the time of the audit; however, on review of employment documentation, there was evidence of equitable employment processes.</p> <p>Interviews with four residents (three rest home, one hospital) and six family/whānau (one rest home, five hospital) identified that staff put residents, family/whānau and the community at the centre of their services.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the household meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services, maintaining dignity, respect and autonomy (completed March 2024). Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination,</p>

		independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.
<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>Staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. 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.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction survey results published in February 2024 confirmed that residents and family/whānau are highly satisfied with their interactions with staff. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. 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 residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well philosophy encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, implementation of signage that reflect the use of te reo Māori and are sharing knowledge around the values underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo</p>

		Māori, tikanga Māori, cultural safety and bias in healthcare, and equity training in the staff education and training plan. The Māori health plan acknowledges te ao Māori. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.
<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 implemented. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment took place in December 2023. Employment processes reviewed evidence staff are held accountable for their workplace conduct through a fair employment performance review process.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p>

		<p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents. The staff engagement survey (Workday Peakon Employee Voice) for February 2024 overall improvement in staff satisfaction and positive comments related to organisational fit, equality and fair treatment in the workplace.</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>Information is provided to residents and family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure 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 resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English; however, Oakwoods Retirement Village has appropriate communication strategies in place for staff members should any resident require support.</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</p>

		<p>the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau are invited to attend.</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. Seven 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 agreement. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as 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 activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented</p>

		<p>evidence of discussion with the EPOA. Discussion with family /whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code of Rights, informed consent and EPOAs is a mandatory topic delivered and completed as per schedule via the electronic learning system (Altura).</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</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 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, using a complaint register. This register is stored electronically.</p> <p>There were four complaints reported in 2022/2023 since the previous surveillance audit. One complaint was lodged in December 2022 with Health and Disability Commissioner (HDC). Oakwoods Retirement Village completed a root cause analysis as part of the internal investigation process and provided all the requested information to HDC within the required timeframe (February 2023). The complaint remains open.</p> <p>There were ten complaints recorded in 2024 year to date. One complaint was amicably resolved with the support of the Nationwide Health and Disability Advocacy service. No trends were identified, and the risk rating allocated to the complaints were low. Documentation reviewed including follow-up letters and final resolution letters demonstrate that complaints are being managed in accordance with guidelines set by HDC. Complaints links to advocacy services. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p>



		<p>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 meetings (household) are held monthly. Family/whānau confirmed during interview the village manager and clinical manager are available to listen to concerns and act promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter contact details are available.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Oakwoods Retirement village is part of the Arvida Group. Oakwoods Retirement village provides hospital (medical and geriatric) and rest home level care for up to 48 residents in the care facility (dual purpose beds) and 43 apartments that are certified for rest home level care. On the day of audit there were 48 residents: 22 rest home residents (including one in the serviced apartment on a long-term support-chronic health contract [LTS-CHC] and 26 hospital level residents (including one younger person with lifelong disabilities [YPD]). The remaining residents were under the age-related residential care contract (ARRC).</p> <p>Arvida group has a well-established organisational structure. There is an 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 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's group 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) 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 regional managers.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from three regional managers 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 Oakwoods Retirement Village.</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 (CGG) 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 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 and sits on the Māori Advisory Group.</p> <p>The CGG consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, village manager and clinical manager representative, expert resident, and wellness leader/manager representative. Clinical governance ensures a co-ordinated approach to defining and</p>
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		<p>engaging with quality and ensuring the standards are met. Reports from the CGG are incorporated into regular reports to the chief executive officer (CEO). The clinical governance structure, quality plan and policies were reviewed with a focus on increasing the governance structure capability, improving resources to assist with early identification of risks and an improved escalation pathway for serious events/high risk events.</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 Oakwoods Retirement Village 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. The Clinical Governance 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 Oakwoods Retirement Village and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a good experience. 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.</p> <p>Through implementation of the Arvida Attitude of Living Well framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are respectful of</p>
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		<p>the resident's preferences, expectations. 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>There has been no change in the management team at Oakwoods Retirement Village since the previous audit. The village manager and clinical manager (both registered nurses) are experienced in the management of aged care services.</p> <p>The clinical manager oversees the implementation of the quality plan. The clinical manager role is responsible for regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk. The village manager and clinical manager are supported by a clinical coordinator.</p> <p>The head of clinical quality and the head of wellness compliance are actively involved at each site to ensure the service delivery and clinical effectiveness at Oakwoods Retirement Village is what is expected from the Arvida Group.</p> <p>The village manager and clinical manager completed professional development to support their knowledge and skills.</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>Oakwoods Retirement Village has an effective quality and risk management programme in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. 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. New policies or changes to policy are communicated to staff.</p> <p>Regular quality (improvement) meetings, clinical meetings 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 (if any); cultural compliance; staffing; and education. Internal audits and collation of data were</p>

		<p>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 the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family /whānau evidenced in meeting minutes. The service created a plan to improve on communication.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five incidents (one missing resident, one police involvement/resident behaviour, unexpected death and two pressure injuries) reported to HealthCERT under section 31(5) of the Health and Disability Services (Safety) Act 2001. There was no reporting required to the Health Quality and Safety Commissioner.</p>
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		<p>Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare, and equity training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. All RNs and one enrolled nurse (EN) hold current first aid certificates. There is a first aid trained staff member on duty 24/7 including when taking residents on outings.</p> <p>Staffing rosters were sighted and there is sufficient staff on duty to meet the needs of different shifts. The management team confirmed there are sufficient casual pool of staff to cover for unplanned leave. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday. In the temporary absence of the village manager, the clinical manager performs the manager's role.</p> <p>The clinical manager provides on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner.</p> <p>Education is overseen by an educator coordinator (RN). The educator coordinator (interviewed) explained how the education and training schedule is being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses and the</p>

		<p>enrolled nurse complete competencies including (but not limited to): medication administration, controlled drug administration, wound management, subcutaneous fluids, syringe driver, and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, and moving and handling, personal protective equipment (PPE), handwashing, and cultural competencies. Selected wellness partners (caregivers) have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>The service has a total of 91 staff in various roles. There are 48 wellness partners employed in total. Oakwoods Retirement Village supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Thirty-three wellness partners have achieved either a level three or level four NZQA qualification and three wellness partners are at level two. The educator coordinator is working towards being a Careerforce assessor.</p> <p>There are 11 RNs (including clinical manager and clinical coordinator) and three have completed their interRAI training. Two RNs are in the process of completing their InterRAI competencies.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p>
Subsection 2.4: Health care and support workers	FA	There are human resource policies in place, including recruitment,

<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>selection, orientation and staff training and development. Ten staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy implemented.</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. All staff complete a comprehensive induction which includes a training in the Arvida Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs, EN and wellness partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised, and an orientation programme and policy for volunteers is in place. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>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>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</p>	FA	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files, which are sent off site for archiving as per policy when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system (eCase) for reference.</p> <p>The resident files are appropriate to the service type and</p>



<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident 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>	<p>FA</p>	<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. Seven 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 interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents. Arvida has a process to collate ethnicity data from all residents, and then analyse this for the purposes of identifying entry and decline rates. The village manager and clinical manager on interview, confirmed that they have not declined any residents unless the resident</p>

		<p>required a level of care that was not available at Oakwood Retirement Village. The analysis is completed by Arvida Group support office and results shared with facilities. The service has a meaningful partnership and working relationship with iwi from Whakatū marae, and Māori staff to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files were reviewed: four at hospital level including one resident on younger person with a disability (YPD) contract; three at rest home, including one resident in serviced apartments on long-term support chronic health contract (LTS-CHC). Interim care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent; however, these have not been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury risk, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment; however, initial interRAI assessments have not been completed within three weeks of admission. All residents including the one on YPD contract and LTS-CHC had interRAI assessments on file. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet the residents' assessed needs; however, the interventions were not detailed enough to direct comprehensive care delivery. The long-term care plans are 'living documents;' interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved.</p> <p>Interview with the registered nurses confirmed that a Māori health care plan would be completed for any residents that identified as Māori to describe the support required to meet resident's needs. The</p>

		<p>registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility weekly and is available as needed during office hours. The GP has access to the resident management system and the medication system. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility contacts the Medical and Injury Centre for on call support. A physiotherapist visits the facility eight hours per fortnight and reviews residents referred by the registered nurse. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits, and medication changes.</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 16 active wounds from 12 residents. The wounds reviewed included one stage one pressure injury, skin tears, abrasions, and a surgical wound. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans. One resident's wound was under the</p>
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		<p>management of the hospital surgical team with progress documented in the resident's records following each review.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by wellness partners and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure injury 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 registered nurse. Wellness partner interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
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<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 satisfying to them.</p>	FA	<p>The residents' activities programme is implemented by the wellness leader, who works four days a week and is supported by wellness coordinator (working 24 hours a week) to provide all residents with their activities. Wellness partners have access to resources such as table games, puzzles, and quizzes to assist with activities throughout the day and 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; swimming; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise; some enjoying outdoor time; and others spent time in the swimming pool. 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 coordinator occur regularly and is documented in the resident records. An outing is organised twice a week and regular visits from community visitors occur. There are four volunteers who visit regularly and support the residents with activities of choice including one on one time with the younger persons.</p> <p>The wellness leader and wellness coordinators integrate te reo Māori in the daily programme with the use of te reo Māori phrases and everyday words as part of the daily activities programme. There were no Māori residents at the time of the audit. 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, and ANZAC Day are celebrated with appropriate resources available. The service maintains contact with kaumatua and cultural advisors from Whakatū marae who are available to support the service in meeting the needs of residents who identify as</p>

		<p>Māori. Kapa haka, flax weaving and poi making form part of the activities on offer, and family/whānau participation in the programme is encouraged. Residents are encouraged to maintain links to the community. Intergenerational activities with children from local schools' form part of the activities programme.</p> <p>The residents' activities assessments are completed by the wellness leader using the 'about me,' 'leisure,' 'life history,' cultural assessment and Māori care plan (as indicated for Māori residents). Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly as part of the care-plan and multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. The fortnightly household meeting, satisfaction surveys and six weekly resident and family/whānau meetings provide an avenue for feedback in relation to the activities programme.</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>Medications are stored safely in a locked treatment room (for stock medication, controlled drugs and 'as required' medications) and locked medication boxes in each resident's room/ensuite for all regular and short course medications. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency.</p> <p>All medications are administered from blister pack. The registered nurses check the blister packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There was one resident self-administering medications on the days of audit.</p>

		<p>Self-administration competencies have not been completed. No standing orders were in use and no vaccines are kept on site.</p> <p>There is one medication room situated close to the nurses' office. The medication room is temperature controlled and staff have completed weekly room temperature monitoring for the medication room, as sighted on the records. Daily fridge temperatures have been completed.</p> <p>Fourteen medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The general 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 had not been consistently documented in the medication system and progress notes. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site from the main kitchen and delivered out to all units in bain-maries. The kitchen was observed to be clean, well-organised, well equipped and the approved food control plan was current to June 2025. Dry ingredients were decanted into containers for ease of access with the decanting date and/or expiry date clearly written. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is supported by a second cook, and kitchen hands. All kitchen staff have completed safe food handling and chemical training. Staff were observed wearing correct personal protective clothing in the kitchen.</p>

		<p>There is a food services manual available in the kitchen. Cleaning schedules are implemented, and chemicals are stored securely. The kitchen manager uses an electronic system (sighted) which includes fridge and freezer temperatures recordings and the cleaning and maintenance schedule for all areas of the kitchen. Temperatures were noted to be within the appropriate limits with staff confirming the process when anomalies are detected. Food temperatures are checked at different stages of the preparation and delivery process.</p> <p>The kitchen team receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, cultural preferences and special dietary requirements. Resident profiles information reviewed was current.</p> <p>Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. The residents can have their meals in their bedrooms if they wish. Residents confirmed meals are served at an appropriate temperature.</p> <p>Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. The environment was calm, relaxing with no distracting background noise.</p> <p>Information is available regarding tikanga guidelines, with staff interviewed confirming they are aware of how this is implemented in everyday practice. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided.</p> <p>The meal service forms part of the resident and family/whānau (household) meetings which the kitchen manager attends. Residents can also offer feedback through resident and family/whānau surveys.</p>
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<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. Family/whānau were involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>Transfer notes include advance directives, general practitioner, 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. This was observed on the day of the audit for a resident requiring transfer to the hospital for further medical care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current building warrant of fitness that expires 1 December 2024. The service employs a fulltime property manager who is supported by another full-time maintenance person. They provide on-call cover on the weekend and after hours on a rotation. The property team ensures daily maintenance requests are addressed, and an annual maintenance plan includes internal and external building maintenance. There is an electronic app (Urbanise) where maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. The annual maintenance plan includes electrical testing and tagging, equipment checks and calibration of medical equipment (which were last completed in July 2024). Monthly testing of hot water temperatures is completed. Hot water temperature monitoring records that have been completed were within acceptable ranges. The two facility vehicles have a current registration and warrant of fitness.</p> <p>There are three households (Ascot, Lodge and Otterson) containing dual purpose rooms which are all single occupancy. The Otterson household is mainly occupied by hospital level residents, the Ascot</p>

		<p>household is mainly occupied by rest home residents and the Lodge has a mix of rest home and hospital level care residents. All the rooms have hand basins. The nine rooms in the Lodge household have no ensuite facilities. All the other rooms in Ascot and Otterson households have ensuite toilets without showers. Ensuite facilities provided are of an appropriate size and design to meet the needs of the residents. There are communal toilets and large shower rooms strategically located near rooms without showers. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant and locks are on doors. Serviced apartments have spacious full ensuite facilities with enough room for wellness partners to assist safely.</p> <p>There are handrails in the hallways and resident ensuites. All rooms and communal areas allow for safe use of mobility equipment. Corridors are wide and provide access to all communal areas for residents using mobility equipment. There are designated storage areas for the hoist, wheelchairs, products and other equipment. All resident rooms and communal areas have ample natural light and ventilation. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences.</p> <p>Communal toilets are located close to communal areas. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. There are two large lounge areas and an open plan dining room and kitchenette. The lounge/dining area centrally located is mainly used for residents who require assistance. There is a separate large lounge and dining area for the residents residing in the serviced apartments. There are several seating alcoves within the facility.</p> <p>Wellness partners and the wellness team assist or transfer residents to communal areas for dining and activities as required. A library and pool area are situated near the serviced apartments and accessible to the hospital and rest home level care residents (observed on the days of the audit). Seating and space in the main lounge are arranged to allow both individual and group activities to occur. All</p>
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		<p>communal areas are easily accessible for residents to assist using mobility aids or with staff assistance. Residents were observed to mobilise safely within the facility. The exterior has been well maintained with safe paving, outdoor shaded seating and gardens.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The Arvida policy states that the group Lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility.</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>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is an approved New Zealand Fire Service evacuation scheme in place (approved 5 November 2019). Six-monthly fire evacuation drill notification documentation was sighted (last completed on 14 August 2024). 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. Short-term backup power for emergency lighting is in place. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with civil defence supplies (checked monthly), and a store of emergency water. There are two tanks with capacities of 100,000 litres and 1500 litres respectively, and at least another 200 litres stored in the emergency cupboard.</p> <p>There are two BBQs and gas hobs in the kitchen available 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 that can be connected and provide power for essential services.</p> <p>There are call bells in the residents' rooms, communal</p>

		<p>showers/toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Sensor mats are used as indicated to alert staff. There is a first aid trained staff member on duty 24/7, including when taking residents on outings.</p> <p>Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. The service utilises security cameras located by the main entrances. Staff complete a security check in the evening and lock the main doors at dusk and re-open these at dawn. There is a security company that completes security surveillance overnight. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff are easily identifiable.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The clinical coordinator (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) 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 programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator reviewed the data and reported on the 2023 year. There is an infection control steering group with representatives from several facilities and they meet every three months to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection control data is reported regularly at board meetings. The data is benchmarked with other Arvida facilities and the aged care industry. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention specialist from</p>

		Health New Zealand.
<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>The infection control programme links to the business and quality plans. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator reviewed the data and reported on the 2023 year. The implementation of the infection programme of 2023 was reviewed in January 2024. The clinical manager supports the designated infection control coordinator. The service has an outbreak plan and pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a facility infection control team and meets monthly.</p> <p>The infection control coordinator has completed online education related to their role through Arvida and Health New Zealand. There is good external support from the GP, laboratory, Arvida Group support office and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, 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 and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The discarding of single use items and disinfection of equipment between resident use are monitored through an internal audit system The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection</p>

		<p>prevention that acknowledge the spirit of Te Tiriti.</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 online training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The head of clinical governance is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products with the support from the clinical manager, village manager and Arvida Group. The head of clinical governance and head of clinical quality provides consultation during the design of any new building or when significant changes are proposed to an existing facility. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</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, 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</p>

		are implemented.
<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) 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, clinical and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern is reported to the board. The service captures ethnicity data on admission and incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida support office and Health New Zealand for any community concerns. There had been two outbreaks since the previous audit (Covid-19, in December 2022 and February 2024) which were managed appropriately. There were prepared isolation kits and posters available to ensure consistency in implementation when outbreaks are managed. The facility followed their pandemic plan, reported the outbreaks to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned.'</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</p>	FA	<p>There are policies regarding chemical safety, waste disposal, cleaning and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the</p>

<p>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>hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff 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 with sanitizers, a stainless-steel bench, a sink and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. The laundry has a clean and dirty entrance and a defined workflow. Laundry is processed seven days a week till 3 pm. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</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. 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.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by Arvida Wellness and Care team. 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), general practitioner, restraint coordinator, registered nurse and family/whānau approval. At the time of the audit there were no residents using restraint.</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. The restraint register is maintained and updated two monthly. Restraint programme is discussed as part of the monthly quality meeting.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</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 Low	<p>The registered nurses are responsible for conducting all assessments and for the development of care plans. However, the initial care plans reviewed were not always completed within 24 hours of admission. The individualised long term care plans are developed with information gathered during initial assessment and interRAI assessment. The two resident files reviewed (one rest home and one hospital) did not have the interRAI assessments completed within three weeks of the residents' admission to the facility.</p>	<p>(i). Two initial care plans for hospital level care residents were not completed within the required time frames.</p> <p>(ii). One rest home and one hospital resident files reviewed did not have the initial care plan completed on admission.</p> <p>(ii). One rest home and one hospital interRAI assessments were not completed within three weeks of admission.</p>	<p>(i)-(iii). Ensure initial care plans and interRAI assessments are completed within the required timeframes.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are</p>	<p>(i). There was no behaviour care plan in place for one rest home resident presenting with</p>	<p>(i)-(iii). Ensure care plans have detailed interventions to</p>

<p>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 are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcomes of assessments inform the long-term care plans with appropriate interventions to deliver care. However, interventions in long term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. For one rest home resident reviewed with a history of drug and alcohol abuse and the triggered Clinical Assessment Protocols (CAP) related to behaviour and mood from the interRAI assessment did not have detailed interventions reflected in the long-term care plan. The other resident who had absconded and had incident reports and behaviour charts indicating wandering and sundowning behaviour did not have a behaviour care plan in place. Two hospital level care residents who were diabetic did not have detailed information in their long-term care plan related to frequency of HBA1c monitoring, sign and symptoms of hypoglycaemia and hyperglycaemia and management thereof.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>behaviours of concern related to wandering and sundowning.</p> <p>(ii). There were no detailed behaviour management strategies for one rest home resident with CAP trigger for mood and behaviour and history of drug and alcohol abuse.</p> <p>(iii). There were no detailed interventions related to diabetes management including but not limited to signs and symptoms of hypo and hyperglycaemia and management of same for two hospital level care residents.</p>	<p>provide guidance to staff on care management.</p> <p>90 days</p>
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<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 medication policies are current and align with current legislation and best practice. Medications are stored securely and all medication charts reviewed evidenced correct prescribing and administration. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had not been consistently documented in the medication system and progress notes. Five of 14 medication records reviewed did not have the effectiveness / outcome of 'as required' medications consistently documented.</p>	<p>Five of 14 medication records reviewed did not have the effectiveness / outcome of 'as required' medications consistently documented.</p>	<p>Ensure that effectiveness / outcome of 'as required' medications is consistently documented.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>There was one resident self-administering medications on the days of audit. Self-administration competencies have not been completed as per policy. The care plan identified that the resident self-administers medications and interview with resident confirmed the same.</p>	<p>Self-administration competency has not been completed for the resident who self-administers their own medication.</p>	<p>Ensure that self-administration competencies are completed as per policy</p> <p>60 days</p>

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

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

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

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

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End of the report.