

# Rhodes on Cashmere HealthCare Limited - Rhodes on Cashmere

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Rhodes on Cashmere HealthCare Limited	
<b>Premises audited:</b>	Rhodes on Cashmere	
<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: 30 October 2024	End date: 31 October 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> 25		

# 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

Rhodes on Cashmere is part of the Arvida group. Arvida Rhodes on Cashmere is located in Christchurch and is certified to provide hospital (geriatric and medical) and rest home care for up to 35 residents. There were 25 residents on the days of audit, including seven on privately funded packages of care.

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

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

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

The service has addressed the previous shortfall around care plan interventions.

This surveillance audit identified shortfalls related to neurological observations and hot water temperatures.

## 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.

Rhodes on Cashmere provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Rhodes on Cashmere demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The 2024/25 business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Arvida Rhodes on Cashmere collates clinical indicator data and benchmarking occurs. Satisfaction surveys are held annually. A comprehensive health and safety programme is in place. The management team have a good understanding of essential notification processes.

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

**Ngā huarahi ki te 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 low risk.
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Registered nurses work in partnership with residents and family/whānau during the completion of assessments, long-term care plans and care plan evaluations. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences 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.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent 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.

Transfer between services is coordinated and planned.

## Te aro ki te tangata me te taiao haumarū | 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.		Some subsections applicable to this service partially attained and of low risk.
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A current warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Staff have completed training in relation to infection control.

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The strategic plan aims to be restraint free. The restraint coordinator is the clinical manager. At the time of the audit there were no restraints used. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	2	0	0	0
Criteria	0	47	0	2	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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. Eight care staff (five wellness partners (caregivers), two registered nurses, one clinical coordinator) interviewed confirmed that mana motuhake is recognised and provided examples of implementing the principles of Te Tiriti o Waitangi into their daily practice. The service has a connection with a local marae and existing Māori staff who support the service in the application of te reo Māori and Māori worldview. Staff have completed training in relation to Te Tiriti o Waitangi and cultural safety.</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>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. There are four stages identified for the implementation of the Pacific health plan which include setting the foundations, developing commitment, delivering the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. There are staff members who identify as Pasifika who are involved in staff training related to worldviews, cultural, and spiritual beliefs of Pacific peoples. Rhodes on Cashmere currently has residents who originate from the Pacific Islands who confirmed culturally</p>



		safe care is provided.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Five residents (four rest home, one hospital) and two family/whānau interviewed (one rest home and one hospital) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Rhodes on Cashmere policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>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</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical care were included and signed as part of the admission process. Specific consent had been signed by competent residents or enduring power of attorney (EPOA) for procedures, such as influenza and Covid-19 vaccines. Discussions with the staff interviewed</p>

<p>manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated and medical certificates for incapacity were sighted on file.</p> <p>Interviews with family/whānau and five residents confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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 during the resident's entry to the service. Complaint forms are located throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There were four complaints logged since last audit. These included three complaints related to food and one related to care delivery. Corrective actions have been implemented. Documentation reviewed included acknowledgement, investigation, follow up and replies to the complainant, demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Staff are informed of complaints (and any subsequent corrective actions) in the quality staff meetings (minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau</p>

		participation.
<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>Rhodes on Cashmere is owned and operated by the Arvida Group. The service is certified to provide rest home and hospital level care for up to 35 residents. The care suites are dual purpose and under licence to occupy agreements. On the day of audit, there were 25 residents in total: 11 at rest home level care (including one resident on respite care and one resident on an ACC contract) and 7 residents at hospital level care. There were seven private residents receiving packages of care in the care suites. All other residents were on the aged related residential care contract (ARRC).</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>There is a Rhodes on Cashmere 2024 to 2025 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated as sighted in the meeting minutes. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a clinical governance group that guides vision, practice, and development. There is a separate Māori advisory committee with eight members from different villages that assist the clinical governance group to improve the outcomes that achieve equity for Māori.</p> <p>The clinical governance group reflects the Arvida values and approach including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise, and clear links to the clinical indicator steering groups, Māori Health Equity group.</p> <p>The village manager has been in the role for three years with many years of aged care and management experience. They are supported by an experienced clinical manager who has been in the role for two years. They are both supported by a clinical coordinator and a team of registered nurses, wellness leader, wellness partners, housekeeping, maintenance,</p>

		and administration staff. The management team reports a low turnover of staff.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Arvida Rhodes on Cashmere continues to implement the Arvida quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality staff, health and safety, clinical review, registered nurse, and wellness teams meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Follow up of any corrective actions were evidenced as being closed off in meeting minutes reviewed. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. All internal audits were completed as scheduled since last audit.</p> <p>Quality data and trends in data are posted in the staff room. The resident/relative satisfaction survey completed in 2023 showed 100% satisfaction with service delivery, compared to 2024 with an overall net promoter score of 69 down from 73 in 2023. The areas of concern were related to activities and garden access. The facility has implemented a plan to provide planter boxes on communal patios with opportunity to plant flowers, herbs and vegetables. Interviews with residents and family/whanau during the audit confirmed satisfaction with all aspects of the activities programme. The staff engagement survey had an engagement of 7.7, a slight decrease from the previous results with outstanding improvement related to registered nursing and diversity and inclusion. Survey results analysis and generated corrective actions have been communicated to residents and staff and there is evidence of action plans being implemented.</p> <p>A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). The noticeboards in the staffroom keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is</p>

		<p>documented with any follow-up action(s) required. Results are discussed in the quality staff, health, and safety meetings and at handover. Quality improvement related to falls prevention is being implemented for 2024.</p> <p>Discussions with the village manager evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been three events since the last audit that have required a Section 31 notification and one notification to Te Tāhū Hauora Health Quality &amp; Safety Commission. There has been one Covid-19 outbreak since the last audit, which was appropriately notified and managed.</p>
<p><b>Subsection 2.3: Service management</b></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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Rhodes on Cashmere has a weekly roster in place which provides sufficient staff cover for the provision of care and service to residents. The facility adjusts staffing levels to meet the changing needs of residents. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The resident and family/whānau interviewed supported this. Rosters from the past two weeks showed a good cover of all the shifts, with replacement evident for short notice absences.</p> <p>The village manager and clinical manager work during the week. The clinical coordinator and clinical manager are available on call after-hours for clinical concerns on rotation. The village manager is available for operational concerns. They are closely supported by the Arvida support team including the head of clinical quality and head of clinical governance. There are no current vacancies in the registered nurse roster.</p> <p>There are designated activities, food services, cleaning, maintenance, and laundry staff. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule</p>

		<p>lists compulsory training which includes all compulsory education and exceeds more than eight hours. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida Rhodes on Cashmere supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 28 wellness partners at Rhodes on Cashmere, 25 are on level three and above NZQA qualification. The remaining staff are nursing students.</p> <p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; medication; insulin administration (if they are medication competent staff). All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional registered nurse specific competencies include interRAI assessment competencies. The service currently employs nine registered nurses (including the clinical manager and clinical coordinator) with five registered nurses being interRAI trained.</p> <p>The clinical manager, clinical coordinator and registered nurses are supported to maintain their professional development. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	FA	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying</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>when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment to Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals have been completed in the four of five staff files reviewed; one has been employed for less than a year but has had a three-month review process completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident files were reviewed as the core sample: three rest home, including one resident on an ACC contract, and one on respite care; and two hospital level residents. Registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and other communication is linked to the electronic system and uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Four files (including the ACC resident) had interRAI assessments, re-assessments, care plan development and reviews completed within the required timeframes. The respite file reviewed did not require interRAI assessments to be completed. This resident has a range of appropriate risk assessments completed.</p> <p>A wide range of assessments on the electronic system is available for the RNs to utilise. Cultural assessments are woven through the 'About me' and 'Life history', as evidenced in the files reviewed. The outcomes of risk assessments and interRAI triggers were addressed in the care plan. Interventions documented were individualised, holistic and address all medical, social and cultural preferences. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans.</p> <p>All residents had been assessed by a general practitioner (GP) within five</p>

		<p>working days of admission. The GP reviews the residents at least three-monthly or earlier if required. An urgent care centre provides after-hours support when needed. The GP (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through Health New Zealand. The physiotherapist is contracted once a week.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was described as comprehensive by both the RNs and wellness partners on the day of audit. Progress notes document care provided according to the care plan each shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GP, and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed evidence family/whānau are informed of incidents/accidents.</p> <p>There were four wounds, including one non-facility acquired unstageable pressure injury, which is being managed by an external wound nurse specialist, two chronic ulcers and a skin tear. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is regular documented wound care nurse specialist input into chronic wound and pressure injury care. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
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		<p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food; turning charts; intentional rounding; and blood sugar levels.</p> <p>Resident incidents are entered onto the electronic system and evidence timely investigation and RN post falls follow up. Neurological observations have not always been completed as per policy for unwitnessed falls.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the multidisciplinary case conference meeting. Short-term issues such as infections, weight loss, and wounds are documented in the individual resident records and progress notes.</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>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked treatment room. Medication competent wellness partners and RNs are responsible for medication administration and complete medication competencies annually. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. Medications are stored in locked cabinets in a locked cupboard, in each resident's bathroom and administered by staff. This process was observed on the day.</p> <p>There were three residents self-administering medications on the days of audit. An RN with specific responsibilities for this area reviews each resident weekly, assessing medication procedures, management, storage and expiry dates. The GP further reviews the resident three-monthly. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN.</p> <p>Medication fridge is checked daily and room air temperatures are checked weekly, recorded, and were within the acceptable temperature range in</p>

		<p>the medication room and in all resident rooms where medication is stored. Eye drops were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status documented. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The cook receives residents' dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware of resident likes, dislikes, allergies and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Residents confirmed their individual preferences and needs were accommodated. An implemented and verified food control plan is in place.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</p>

provide and coordinate a supported transition of care or support.		
<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>	PA Low	<p>There is a current building warrant of fitness that expires 1 July 2025. The maintenance person works full time (Monday to Friday) and oversees maintenance of the site, and contractor management. They are supported by another part-time gardener. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged into an electronic system and followed up in a timely manner. An annual maintenance plan includes electrical compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water in the care units included review of kitchenette temperatures; however, these evidenced temperatures over 45 degrees. Testing and tagging of electrical equipment is next due in July 2025. Checking and calibration of medical equipment, hoists and scales is next due in July 2025.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are developed by clinical staff at head office, approved by the governance body, reviewed and reported annually and is linked to the quality and business plan.</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. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed of infections through meetings, newsletters, and emails.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually and endorsed by the Arvida executive team. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Infection outbreaks are presented to the Board by the Wellness and Care Team.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one Covid-19 outbreak (June 2024) since last audit, which was well documented and managed. The outbreak was reported appropriately.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with families/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. At the time of the audit, the facility was restraint free.</p> <p>The restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without use of restraint, as evidenced in the strategic plan. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was last completed in November 2024.</p>



## 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)
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion;	PA Low	Care plans reflect the required health monitoring interventions for individual residents. Wellness partners complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food; turning charts; intentional rounding; and blood sugar levels. Resident incidents are entered onto the electronic system and evidence timely investigation and RN follow up. Arvida has documented policies in place to manage falls, post falls management, and the requirements of neurological observations to be completed for all unwitnessed falls or where a head injury is suspected. Neurological observations have not always been completed according to policy.	Eight of nine unwitnessed falls identified that neurological observations were commenced; however, not completed in accordance with policy requirements.	Ensure the appropriate monitoring is implemented where required.  90 days

(d) That needs and risk assessments are an ongoing process and that any changes are documented.				
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Hot water temperatures in resident rooms are checked monthly by the maintenance staff. The care suites in some units include kitchenettes and ensuites. All ensuite temperatures were 45 degrees or less on all monthly checks. The kitchenette temperatures were set at 55 degrees in accordance with plumber recommendations. On the day of audit, on identification of the incorrect process, a corrective action plan was documented and all temperatures adjusted to be 45 degrees or below.</p>	<p>The temperatures of care unit kitchenettes are set at 55 degrees in units occupied by residents under ARRC agreements.</p>	<p>Ensure the kitchenette temperatures in care units occupied by residents under ARC agreements are 45 degrees or below.</p> <p>90 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.

No data to display
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End of the report.