

Aria Park Senior Living Limited - Aria Park Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Aria Park Senior Living Limited	
Premises audited:	Aria Park Retirement Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 29 October 2024	End date: 30 October 2024
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	85	

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

Aria Park Retirement Village is part of the Arvida group and is certified to provide hospital (medical and geriatric) and rest home levels of care for up to 130 beds. At the time of the audit there were 85 residents.

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

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

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

There were shortfalls with the surveillance audit related to satisfaction surveys and internal audits.

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.

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

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

The rights of the resident and/or their family 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.		Some subsections applicable to this service partially attained and of low risk.
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The 2024 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. Aria Park Retirement Village collates clinical indicator data and benchmarking occurs.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses assess residents on admission. An interim care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The nurse practitioner completes a medical assessment within the required timeframe and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs and preferences of the residents. All meals and baking are prepared and cooked on site. The service has a current food control plan. Residents and family confirmed satisfaction with meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building is spacious and well maintained. Residents have ready access to safe and appropriate outdoor gardens.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and board level. There is an appropriate number of protective personal equipment to manage outbreaks.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint minimisation 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. There is one resident using a restraint and the policy and procedures are fully implemented. Staff receive ongoing training in restraint minimisation and safe practice and complete an annual competency test.

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	17	0	1	0	0	0
Criteria	0	49	0	1	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. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida which is understood by staff. Fifteen staff (eight caregivers [referred to as wellness partners], four registered nurses, one clinical coordinator, office manager, and the receptionist) interviewed confirmed that mana motuhake is recognised.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</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 and include setting the foundations, develop commitment, deliver the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>There are staff members who identify as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews, cultural, and spiritual beliefs of Pacific peoples. Aria Park Retirement Village currently has residents who originate from the Pacific Islands who confirmed</p>

		the staff acknowledge their cultural preferences.
<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 office manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, sign language and te reo. Eight residents (two rest home, six hospital) and three family/whānau interviewed (one rest home and two 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>Aria Park Retirement Village policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity as observed with the Diwali celebrations at the time of audit. 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 registered nurses, the clinical coordinator and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>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</p>	FA	<p>Informed consent processes were discussed with residents and family/whānau on admission. Written general consents were sighted in the files reviewed 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 the enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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. Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	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, English and other languages (as required).</p> <p>A complaints register is being maintained. There were two complaints logged since last audit. 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.</p> <p>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 participation.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Aria Park Retirement Village is owned and operated by the Arvida Group. The service is certified to provide rest home and hospital level care for up to 130 residents. These include one dedicated rest home bed, 129 dual purpose beds including 36 in the serviced apartments and 10 in the studio apartments. There are no double or shared rooms. At the time of the audit there were six rooms temporarily decommissioned due to water damage that was identified in February 2024.</p> <p>At the time of the audit there were 85 residents: 28 rest home level care including one in the serviced apartments and three in the studio apartments; 57 hospital level care including two in the serviced apartments and five in the studio apartments. There were two younger persons with a disability (YPD) (one at rest home and one hospital level of care) and four residents on long-term support chronic health contract (LTS-CHC) (two rest home and two hospital level of care). The remaining residents were all under the aged-related residential care (ARRC) contract.</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team and a health and safety manager, information technology, people and culture and finance and accounts personnel. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>There is an Aria Park Retirement Village 2024 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated. Site specific goals related to team engagement and resident satisfaction specifically in relation to environment, food service and activities.</p> <p>There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a</p>
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		<p>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>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>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 and Māori Health Equity group.</p> <p>The village manager (non-clinical) has been in the role for nine years with many years of healthcare management experience. They are supported by an experienced clinical manager who has been in the role since June 2023. They are both supported by two clinical coordinators and a team of registered nurses, wellness partners, housekeeping, activities, maintenance, and administration staff. The management team reports there is currently a stable team with low turnover of staff.</p> <p>The village manager and clinical manager have maintained in excess of eight hours of professional development activities related to aged care and managing an aged care facility over the past year. The village manager is supported by the wider Arvida management team.</p>
<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</p>	PA Low	<p>Arvida Aria Park Retirement Village 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, registered nurse, 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</p>

<p>a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>compliance; staffing; and education. Meetings were completed as scheduled and meeting minutes reviewed evidence follow-up of action and sign off of actions when completed. Internal audits were not always completed as scheduled since last audit. Collation of data was documented as taking place, with corrective actions documented where indicated to address service improvements.</p> <p>Quality data and trends in data are shared with staff during meetings. The resident and family/whānau satisfaction survey completed in 2023 showed a lower satisfaction with service delivery compared to 2022 with a net promoter score of 47 down from 51 in 2022. The areas of concern were related to food service (menus), environment and activities. The service has since put together goals and quality improvements related to these three areas. Interviews with residents and family/whanau during the audit confirmed satisfaction with food service. The staff engagement survey had an engagement of 8.7, an improvement from the previous results and above the benchmark for Arvida. Survey results analysis and generated corrective actions have been communicated to staff but not to residents and family/whānau.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). The noticeboards in the nurses' stations keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality staff, health, and safety meetings and at handover. Quality improvements and corrective actions are implemented based on the outcome of the clinical data analysis.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been notifications related to ten SAC2 incidents. There have been three outbreaks in the facility since last audit that</p>
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		have been notified to Public Health. All were Covid-19 related.
<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 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. Aria Park Retirement Village 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 nurses on each shift are aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The resident and family/whānau interviewed supported this. Rosters from the past three weeks showed a good cover of all the shifts with replacement evident for short notice absences.</p> <p>The village manager and clinical manager work during the week and are available on call after-hours for any operational and clinical concerns respectively. They are closely supported by the Arvida support team including the head of clinical quality 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, with rosters reviewed evidencing seven-day cover. 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 being implemented for 2024. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida Aria Park Retirement Village supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Of the 51 wellness partners at Aria Park Retirement Village, 39 (77%) are on level three and above NZQA qualification.</p>

		<p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; medication; insulin administration. 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 15 registered nurses (including the clinical manager and two clinical coordinators) with nine registered nurses being interRAI trained.</p> <p>The clinical manager, clinical coordinators and registered nurses are supported to maintain their professional development. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>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>	FA	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) the nurse practitioner, physiotherapist, dietitian, pharmacists and podiatrist.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when 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 for Māori. Wellness partners and registered nurses 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 six staff files reviewed, two have been employed for less than a year but have had three-month review process completed.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Registered nurses are responsible for assessing residents on admission and on an ongoing basis. Six resident files were reviewed; two rest home level residents including one resident on a LTS-CHC contract and four hospital level including one younger person with a disability (YPD). All have evidence of resident, family and whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, interim care plans, interRAI assessments (including residents on YPD and LTS-CHC) and long-term care plans are developed within the timeframes required by the aged related residential care contract.</p> <p>Medical assessments are completed by either the contracted nurse practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on call services. Staff complete a detailed description titled "about me" and develop a plan for leisure activities that are meaningful to the resident. There is a contracted physiotherapist who undertakes assessments for mobility and contributes to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist. Allied health practitioner and nurse practitioner assessments and interventions are documented and integrated into care plans.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are holistic, comprehensive and cover all assessed needs. Where there are specific needs, such as choking risk, or specific medical conditions such as diabetes this is included. Residents who identify as Māori have a care plan based on Te Whare Tapa Whā. Residents of other ethnicities have their specific cultural preferences documented including maintaining involvement with whānau and their communities. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on the electronic system and wellness partners confirm they can access the care plans and are informed when the care plans are updated.</p>
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		<p>glucose levels, positioning, restraint, personal cares and falls risk. At the time of the audit there was a total of 22 wounds including two stage two pressure injuries and four stage one pressure injuries. None required specialist input; however, the registered nurse confirmed they could refer residents to the wound nurse specialist. 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 daily schedule for the registered nurse. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Wellness partners and registered nurses 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>
<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 for medication management align with current guidelines and legislation. There is an electronic system place for prescribing and documenting administration. A medication round was observed and seen to be safe. Medications are administered by registered nurses and wellness partners. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in Robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys, in locked cupboards and a controlled medication safe. The registered nurses complete expiry date checks of stored medications monthly and count the controlled medications weekly as required. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the nurse practitioner. Any changes to medications are discussed with residents and families. All medication charts had photographic identification. Allergies and</p>

		<p>adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata (PRN) medications have the indications documented in the prescription and the effectiveness is documented in the electronic system.</p> <p>There are no standing orders, and no residents self-medicate, although there is a process for this documented in the policy.</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>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the kitchen manager who keeps a whiteboard of this information up to date. The kitchen manager has a folder containing dietary profiles for all residents. Where residents have specific preferences, for example one resident only likes tinned apricots rather than fruit salad, this is purchased for them.</p> <p>Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they don't like what is provided an alternative is offered. The food control plan is current to 14 June 2025.</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 provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the nurse practitioner for advice or the on-call general practitioner if it is out of business hours. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation to accompany the resident to hospital and confirmed the family/whānau are notified.</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,</p>	FA	<p>The building warrant of fitness is current to 1 March 2025. There is a preventative maintenance plan on Urbanize HQ, an electronic system. The plan comes from Arvida support office but tailored for Aria Park Retirement Village. There is a logbook for staff to log maintenance and repair requests.</p>

<p>exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>This is checked by maintenance staff daily and entered into Urbanize HQ. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, for example awaiting contractor. Essential contractors such as plumbers and electricians are available 24 hours as required. Review of maintenance records show clinical equipment including hoists was serviced and calibrated as needed on 30 April 2024 and electrical appliances were tested and tagged on 14 March 2024.</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. Culturally specific calendar events, such as Diwali during the audit, are celebrated.</p> <p>Six rooms were decommissioned on 25 February 2024 due to significant water damage. These rooms are locked and there are signs indicating no entry.</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 manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand 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. Infection events reviewed provided well documented family/whānau involvement and communication.</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 Arvida support office.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been three Covid-19 outbreaks (November 2023, April 2024 and July 2024) since last audit. These were well documented and managed. Outbreaks were reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to 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 minimisation and safe practice policy specifies the organisation's commitment to attaining a restraint-free environment. The policy and procedures describe the process for implementing restraint including a holistic assessment, an approval process that includes family/whānau and the nurse practitioner, identifying alternative strategies including de-escalation, and monitoring and review of restraint. One resident uses a bedrail restraint. Review of their file shows the policy, and procedures are followed and there has been extensive discussion with the family to aim for removing the restraint. Previously this resident used a lap belt also, but this has since been discontinued.</p> <p>Staff receive ongoing training in maintaining a restraint minimisation, de-escalation, cultural safety and alternative strategies to the use of restraint. Wellness partners and registered nurses complete an annual competency in</p>

		restraint minimisation.
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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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>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, registered nurse, 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. Review of the internal audits confirmed that these have not been completed as scheduled since last audit. Audits related to complaints and staff files have not been completed since last audit. Cleaning and laundry audits have only been completed in September 2024 and none in 2023.</p> <p>The resident and family/whānau satisfaction survey completed in 2023 showed a lower</p>	<p>(i). Internal audits (including but not limited to laundry, cleaning, staff files, complaints) have not been completed as scheduled since last audit.</p> <p>(ii). Resident and family/whānau satisfaction surveys have been completed for 2023; however, there is no documented evidence of results and outcome being shared and discussed with residents and family/whānau.</p>	<p>(i). Ensure internal audits are completed as scheduled.</p> <p>(ii). Ensure outcome of surveys is shared and discussed with residents and family/whānau.</p> <p>90 days</p>

		satisfaction with service delivery compared to 2022 with a net promoter score of 47 down from 51 in 2022. Survey results analysis and generated corrective actions have been communicated to staff but not to residents and family/whānau.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.