

Aria Gardens Limited - Aria Gardens Home and Hospital

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 Gardens Limited		
Premises audited:	Aria Gardens Home and Hospital		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care		
Dates of audit:	Start date: 25 November 2024	End date: 26 November 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:	144		

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Aria Gardens Home and Hospital provides hospital (geriatric and medical), rest home and dementia care for up to 153 residents. At the time of the audit there were 144 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 general practitioner.

The village manager is supported by a clinical manager, four clinical coordinators and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village and clinical 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. Residents and family/whānau reported a high level of satisfaction with care and support provided at the service.

This surveillance audit identified the service meets the intent of the Standard.

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 are fully attained.

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 Gardens Home and Hospital 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 complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), with complaints investigated and complainants kept informed around outcomes.

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 are fully attained.

Arvida has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan FY2024/25 includes village goals which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality

outcomes. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

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.		Subsections applicable to this service are 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 general 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. Residents are assessed by a physiotherapist and have access to a podiatrist, dental hygienist and dietitian. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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. Specific dietary needs, allergies and intolerances are catered for. The service has a current food control plan. Residents and family/whānau 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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

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 are fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. Seven outbreaks have been 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 are fully attained.
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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 no use of restraint. 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	18	0	0	0	0	0
Criteria	0	49	0	0	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, which Aria Gardens Home and Hospital utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were residents who identified as Māori at Aria Gardens Home and Hospital. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. This was also observed during the days on sight for the audit.</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. Staff who identified as Pacific confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced at Aria Gardens Home and Hospital. There were no residents who identified as Pasifika at the time of the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager and clinical manager interviewed demonstrated how it is also given in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Eighteen staff interviewed (six registered nurses (RN), including two clinical coordinators, ten wellness partners (caregivers), one maintenance supervisor and one chef) confirmed their knowledge of the Code. Seven residents (five rest home and two hospital) and four family/whānau (two dementia, one rest home and one hospital) interviewed all stated that their rights were upheld.</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 Gardens Home and Hospital policies prevent any form of institutional racism, discrimination, coercion, harassment or any other exploitation. There are established policies and protocols to respect resident's property, including an independent corporate trustee to protect resident finances. Residents interviewed stated that they manage any personal funds and there are systems in place to protect comfort funds within the scope of the service provided. All staff at Aria Gardens Home and Hospital are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries and stated that there was no evidence of suspected abuse at the service.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA, and activation is on file.</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>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 families/whānau during the resident's entry to the service. Access to the compliment and complaint form is located at the entrance to the facility or on request from staff. Complaints can be handed to reception or to any manager or staff member, who would in turn take to the village manager. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose, with any letter to a complainant including reference to the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There have been five complaints made in 2022 (since previous audit) and 2023. Ten complaints received in 2024 year to date and two complaints logged since October remains open to ensure satisfactory resolution. There were no trends in complaints identified. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. 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 and clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. The residents and family/whānau interviewed stated the village manager and clinical manager is approachable and have an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	FA	<p>Aria Gardens Home and Hospital is part of the Arvida Group. The service provides hospital (medical and geriatric), rest home and dementia care for up to 153 residents across nine households. There are 91 dedicated</p>

<p>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>hospital level care beds, 42 rest home care beds and 20 care beds in the dementia unit. There are no dual-purpose rooms and no double or shared rooms. At the time of the day of audit, there were 144 residents in total: 86 at hospital level care residents (including two residents on interim respite care funded by the accident compensation corporation (ACC) and two residents on a younger person with disability (YPD) contract); 40 residents at rest home level care (including one on respite care and one on a younger person with disability (YPD) contract) and 18 residents in the dementia unit. All other residents were on the aged related residential care (ARRC) agreement.</p> <p>Arvida Group has a well-established organisational structure. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business and are responsible for establishing initiatives to ensure that operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team, and regional managers. The wellness and care team support colleagues in Arvida communities to constantly reflect upon and develop their practice to Ngā Paerewa, legislative requirements, guidance and expectations. There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance that is appropriate to the size and complexity of the organisation.</p> <p>There is an overall Arvida Group Living Well Community business plan for each village which links to the Arvida vision, mission, values, scope and strategic direction. The business plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall goal is to support their philosophy of 'to create a great place to work where our people can thrive' and to ensure a resident led culture, where the resident engages in all aspects of their life and staff are always respectful of the resident's preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. The is a village business plan FY2045/25 in place. The villages are encouraged to develop their own village specific goals in response to their village community voice. The village manager has recorded progress</p>
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		<p>towards the achievement of these business plan goals.</p> <p>The service has a village manager (non-clinical) who has been in the role for five months and has many years of experience as a village or operation support manager for other aged care organisations. The village manager is supported by a clinical manager who has been in the role since January 2024 and has worked at Arvida since July 2023. The management team are also supported on site by experienced care staff and four clinical coordinators.</p> <p>The village manager and clinical manager have completed the required eight hours of training related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Aria Gardens Home and Hospital collects and reports on clinical indicator data, with discussion leading to improvements in service delivery. Meetings include a two monthly quality improvement and infection prevention and control meeting, monthly health and safety meeting, two monthly RN/clinical, quarterly wellness partner (caregiver) and six-monthly full staff meeting. There are wellness partners allocated to falls/restraint committee, medication committee, infection control committee, pressure/wound prevention, palliative team and nutrition committee. All have a team leader and meet regularly to discuss residents of concern; messages are relayed through the message board and handovers. The senior wellness partners attend the RN/clinical meeting. All meeting minutes are available to staff. These provide an avenue for discussion in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. Evidence of progress was sighted when issues were being addressed and there was evidence of resolution in a timely manner. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. The continuous improvement (CI) ratings allocated at the previous audit for palliative care and maintaining a restraint-free environment have been maintained; however, the falls rate has increased to be above Arvida benchmarking 9.8-11.7 per 1000 beds for 2024. The clinical manager stated falls rates and pressure injury prevention is</p>

		<p>continuously addressed as quality goals.</p> <p>Corrective actions are discussed at relevant meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the last resident and family/whānau satisfaction survey for 2023 (sighted) were positive and compared favourable to the 2022 survey. The 2024 survey is planned for December 2024. Results were communicated to staff, residents/families and as evidenced in meeting minutes. Areas for improvement around complaints management, food and dining experience have been identified and implemented. 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 register were reviewed (sighted). The noticeboards in the staffroom and nurses` stations 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 documented with any follow-up action(s) required, evidenced in ten accident and incident forms reviewed. Results are discussed in the quality improvement, health and safety meetings and at handover.</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 Section 31 notifications completed to notify HealthCERT for nine stage III and nine unstageable pressure injuries; one for a resident aggression/assault; one for a police investigation; and one for an unexpected death within the previous 24 months prior to this audit (fifty percent of the pressure injuries were non-facility acquired). There were seven notifications made to the Health Quality and Safety Commission (HQSC) related to five resident falls resulting in fractures and two stage III pressure injuries since July 2024. There were seven outbreaks since the previous audit documented, appropriately reported and managed. Changes in leadership (village manager and clinical manager) was appropriately notified to HealthCERT.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</p>	FA	<p>Aria Gardens Home and Hospital has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. Staffing rosters were sighted and there is staff on duty to meet the resident needs. The village manager, clinical manager and four clinical</p>

<p>whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>coordinators (three working in the morning and another in the afternoon) work full time and there is a clinical coordinator over the weekend to provide leadership. The village manager is available on call after hours for any operational related issues and the clinical manager is on call after hours for any clinical concerns. The roster reviewed evidenced the roster is divided to cover six households in the hospital, two households in the rest home and a separate roster for the dementia unit. There are 24/7 RNs on duty. There is a RN allocated to the dementia unit five days a week and include one weekend. The RN from the rest home provides oversight in the afternoon and the two RNs allocated to night duty (based in the hospital) provide oversight at night. The RNs on each shift are aware that extra staff can be called on for increased resident requirements. There are senior wellness partners allocated to each unit to assist with medication administration, simple wound management, completion of neurological observations (when delegated by the RN when stable) and oversight of the activities programme. The number of wellness partners on each shift is sufficient for the acuity and layout of the facility to provide culturally and clinically safe services. There are dedicated housekeeping, maintenance, kitchen and laundry staff. Interviews with staff, residents and families/whānau confirmed there are sufficient staff to meet the needs of residents. The clinical manager stated there are no RN and no wellness partner vacancies. All RNs and a selection of wellness partners have a current first aid certificate to ensure all shifts are covered with a first aider.</p> <p>There is an annual education and training schedule completed and implemented for 2024. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. Impromptu toolbox talks are also held and included falls prevention; continence management; medication and wound management; and effective handovers. External training opportunities for care staff include training through Health New Zealand and other external providers such as hospice. The online learning platform creates opportunities for the workforce to learn about and address inequities. The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 100 wellness partners employed, 86 have achieved a level three NZQA qualification or higher. There are 18 wellness partners allocated to work in the dementia unit and 12 have completed the required</p>
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		<p>dementia training; with three in the process of completion and two enrolled to complete.</p> <p>All wellness partners are required to complete annual competencies for restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. The registered nurses complete competencies including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include interRAI assessment competencies. There are a total of 15 RNs and six are interRAI trained. The clinical manager and clinical coordinators are also interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking, problem solving and infection prevention and control training. Competencies have been completed in a timely manner, as sighted in staff records reviewed.</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>Eight staff files (one clinical manager, three clinical coordinators, three wellness partners and one wellness leader) were reviewed and included evidence of completed orientation, training, 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. Staff who have been employed for a year or more have a current performance appraisal on file. A register of practising certificates is maintained for all health professionals. 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. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</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</p>	FA	<p>Eight resident files were reviewed, including two rest home residents, two dementia level residents and four hospital level residents (including a resident on a YPD contract). Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident</p>

<p>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>files reviewed have evidence of resident and family/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 and long-term care plans are developed within the timeframes required by the aged related residential care contract. During the first two weeks following admission, staff complete monitoring forms for food and fluid intake, continence, sleep, hygiene and behaviour to help inform the development of the long-term care plan. InterRAI assessments are not required for YPD residents; however, staff complete comprehensive assessments using validated tools and use this and the wishes of residents and family/whānau to inform long-term care plans.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour, seven days per week on-call services. A physiotherapist is contracted for eight hours per week and extra if needed and completes mobility assessments and makes recommendations for the mobility/transfer section of the care plan and exercises to improve strength and balance. Residents have access to a visiting podiatrist six-weekly and a dental hygienist six-monthly. Dietitian input is sought where required. Allied health practitioner and general 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 and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans. Examples sighted include (but are not limited to) physical activity; mood changes; under nutrition; communication; behaviour; and maintaining continence. Care plans are holistic, comprehensive and cover all medical, social and cultural needs. Care plans for residents in the dementia unit include triggers for behaviour, strategies for management, and information from the family/whānau on what strategies have been successful in the past. The care plans also include activities over the 24-hour period.</p> <p>Enabling good life principles for younger people with disabilities are in place and one care plan reviewed is person centred and individualised to</p>
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		<p>include community engagement and family and social support. This resident's spouse is very involved in all decisions relating to their loved one's care.</p> <p>Registered nurses and wellness partners described how they involve residents and families/whānau in implementing care plans. Residents and family/whānau interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind and answer call bells promptly. The general practitioner confirmed staff are knowledgeable and competent and notify them when there are any changes.</p> <p>Wellness partners interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level residents. Wellness partners document the cares provided each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs, which is monthly as a routine but more frequent when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls, or falls where the head is hit. Monitoring charts are completed according to identified needs and include (but are not limited to) bowels; food and fluids; behaviour; blood glucose</p>
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		<p>levels; positioning; personal cares; and falls risk. At the time of the audit there was a total of 18 wounds, including two stage II pressure injuries. There is evidence of communication and collaboration with the wound nurse specialist. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. 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. An electronic medication system is in place for prescribing and documenting administration. Medication rounds were observed in the hospital, rest home and dementia unit 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, locked medication rooms and a controlled medication safe. The registered nurses complete expiry date checks of stored medications weekly and count the controlled medications weekly as required and six-monthly with the pharmacist. 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.</p> <p>Sixteen medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and families/whānau. All medication charts had photographic identification.</p>

		<p>Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata 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-administer medications, 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 chef, who keeps a whiteboard of this information up to date. The chef meets with residents monthly to gain feedback on the meal service and identify what the residents would like in the residents' choice section of the menu. Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they do not 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 general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the documentation required 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</p>	FA	<p>The building warrant of fitness is current to 17 July 2025. There is a full-time maintenance supervisor and a maintenance person employed three</p>

<p>safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>days per week. There is a preventative maintenance plan on the electronic system. The plan comes from Arvida support office and is tailored for Aria Gardens. There is a logbook for staff to log maintenance and repair requests. This is checked by maintenance staff daily and signed off when completed. Essential contractors such as plumbers and electricians are available 24 hours as required. Review of maintenance records show clinical equipment, including hoists, were serviced and calibrated as needed in June 2024 and electrical appliances were also tested and tagged in June 2024. Hot water temperatures are monitored regularly and within the accepted range.</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 registered nurse (from the rest home) oversees infection control and prevention across the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator reviewed the data and reported on the 2023 year. There is an infection control steering group, with representatives from several facilities and they meet three monthly to support all villages. The clinical manager supports the designated infection control coordinator in infection control matters. There is a facility infection control team and meets bimonthly.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</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</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</p>

<p>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>		<p>team. Monthly infection control data is presented and discussed at the monthly clinical, quality and risk meetings.</p> <p>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 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. Action plans are completed for any infection rates of concern.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce HAI. Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board each month by the Arvida support office.</p> <p>There has been Covid-19 outbreaks (December 2022, June /July 2023, November 2023), a gastrointestinal related outbreak (March 2023); a suspected scabies outbreak (February 2024), and a respiratory outbreak (July and October 2024) since the previous audit. The outbreaks were well documented and managed. Outbreaks were reported as required. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</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 maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint, including a holistic assessment; an approval process that includes family/whānau and the general practitioner; identifying alternative strategies including de-escalation; and monitoring and review of restraint. The organisation has maintained their continuous improvement rating for restraint minimisation and staff described individualised strategies for residents so restraint is not used.</p> <p>Staff receive ongoing training in maintaining a restraint-free environment,</p>

		de-escalation, cultural safety, and alternative strategies to the use of restraint. Wellness partners and registered nurses complete an annual competency test in 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.

No data to display

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.