

# Ashwood Park Lifecare (2012) Limited - Ashwood Park Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ashwood Park Lifecare (2012) Limited
<b>Premises audited:</b>	Ashwood Park Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 13 January 2025      End date: 14 January 2025
<b>Proposed changes to current services (if any):</b>	the service has reconfigured two service apartments (15 & 16 previously studio apartments) into a single rest home level care apartment as per the letter dated 24 October 2024. The number of serviced

apartments that are certified as rest home level of care has decreased from 35 to 34. The overall bed numbers have decreased from 156 to 155.

**Total beds occupied across all premises included in the audit on the first day of the audit: 122**

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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 fully are 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

Ashwood Park Retirement Village is part of the Arvida Group and is certified to provide hospital (geriatric and medical), rest home care, residential disabilities (physical), and dementia level of care for up to 155 residents. At the time of the audit there were 122 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 and provision of Disability Support Services through Ministry of Social Development. The audit process included the review of policies and procedures, the review of resident and staff files, observations, interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The village manager is supported by a clinical manager, five clinical coordinators and a team of experienced staff. There are various teams in the Arvida support office including the Wellness and Care Team, 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.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified no shortfalls.

## 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.
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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. Management and staff demonstrated their knowledge and understanding of resident’s rights and ensure 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.
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Arvida has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. There is a business plan for 2025 in place which includes village goals. 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 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 are fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All resident's transfers and referrals are coordinated with residents and families/whānau.

## 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 holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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.

The infection control programme has 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 coordinator portfolio is the responsibility of a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

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

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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. 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 Ashwood Park Retirement Village 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 and staff who identified as Māori at Ashwood Park Retirement Village. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. This was also observed during the days on site 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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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 Pasifika confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced at Ashwood Park Retirement Village. 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>	<p>FA</p>	<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 included in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Eighteen staff interviewed including six registered nurses (RN), including four clinical coordinators, ten wellness partners (caregivers), one maintenance manager and one kitchen manager confirmed their knowledge of the Code. Four residents including three rest home and one hospital level of care (young person with disabilities) and seven family/whānau including six hospital (including one younger person with disabilities) and one dementia level of care 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>	<p>FA</p>	<p>Arvida 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 Ashwood Park Retirement Village 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 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</p>	<p>FA</p>	<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>

<p>manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>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>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to a form to document a complaint is located at the entrance to 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 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. An electronic complaints register is being maintained by the village manager. There have been seventeen complaints logged since the last audit, seven received in 2023, ten made in 2024 and none received in 2025 year to date. There have been no complaints received from any external agencies.</p> <p>Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of complaints (and any subsequent corrective actions) in the quality/management and staff meetings (meeting minutes sighted). 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. The village manager acknowledged her 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>FA</p>	<p>Ashwood Park Retirement Village is part of the Arvida Group. The service provides hospital, rest home and dementia level care for up to 121</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>residents and rest home level care for up to a further 34 residents in serviced apartments. There are 47 rest home beds including six dual purpose rooms, 48 hospital beds and 26 dementia beds.</p> <p>At the time of the audit, there were 122 residents in total: 46 hospital level residents including three residents on respite under Accident Compensation Corporation (ACC) contracts. There were 53 rest home residents, including one resident on respite care and eight rest home residents in the serviced apartments. There were four residents on a younger person with a disability contract (one at rest home level of care, and three at hospital level of care). There were 23 residents in the dementia unit. All other residents were admitted under the aged residential related care (ARRC) agreement.</p> <p>Two service apartments (15 &amp; 16 previously studio apartments) have been reconfigured into a single rest home level care apartment as per the notification letter dated 24 October 2024. The number of serviced apartments that are certified as rest home level of care decreased from 35 to 34. The overall bed numbers have decreased from 156 to 155.</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. 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 the 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 to support outcomes to reduce barriers to services and achieve equity for Māori. There is a village business plan for 2025 in place. The villages are encouraged to develop their own village specific goals in response to their person-centred care philosophy and village community voice. The village manager has recorded progress towards the achievement of the business</p>
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		<p>plan goals for 2024.</p> <p>The service has a village manager who has been in the role since February 2024 and previously worked as the facility nurse manager for two and a half years at Ashwood Park Retirement Village. The village manager is supported by a clinical manager who has been in the role since June 2024 and has worked at Ashwood Park Retirement Village since 2021. The management team are also supported by five clinical coordinators (two hospital, one rest home, one dementia care and one for night duty) and by an experienced care team.</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>	<p>FA</p>	<p>Ashwood Park Retirement Village collects and reports on clinical indicator data with discussion leading to improvements in service delivery. Meetings include fortnightly quality/management meeting, monthly health and safety/infection control meeting, bi-monthly RN/clinical and staff meetings. These provide an avenue for discussions 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. Corrective actions are discussed at relevant meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The annual resident and family satisfaction survey has been completed with 90% overall satisfaction. High levels of satisfaction were indicated for clinical care, safety/security, cultural preferences respected, laundry and cleaning services. Corrective action plans have been implemented around food service, improving the choice of resident meals and overall communication. 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 were</p>

		<p>reviewed. 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. Results are discussed in the quality/management, RN/clinical, staff, health and safety meetings and at handover.</p> <p>Ashwood Park Retirement Village has a documented quality improvement plan related to pressure injury prevention and falls prevention strategies. The service was awarded a continuous improvement rating at the previous audit relating to a restraint free environment; the restraint free environment has been maintained.</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 appropriately since the previous audit. SAC reporting was required to the Health Safety and Quality Commissioner for pressure injuries since July 2024. There was also an ongoing coroner's inquest in relation to a resident's sudden death that was reported at the last audit.</p> <p>There has been six Covid-19 outbreaks and one norovirus outbreak since the previous audit, which were all reported and well managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Ashwood Park Retirement Village 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 sufficient staff on duty to meet the resident needs. The village manager, clinical manager and four clinical coordinators all work 40 hours per week from Monday to Friday. The village manager is available on call after hours for any operational related issues, The village manager, clinical manager and clinical coordinators share the on call after hours duties for any clinical matters. There is at least one RN on duty at all times. The RN on each shift is aware that extra staff can be called on for increased resident requirements. The number of wellness partners on each shift is sufficient for the acuity, layout of the facility to provide culturally and clinically safe services. Interviews with staff, residents and families/whānau confirmed there are sufficient staff to meet the needs of the residents. There are dedicated housekeeping and</p>

		<p>laundry staff.</p> <p>There is an annual education and training schedule completed for 2024 and being implemented for 2025. The education and training schedule lists compulsory training, which includes cultural awareness training. Training topics are included specific to conditions related to the younger residents with disabilities. Toolbox talks are also held and include falls prevention strategies, continence management, medication and wound management and effective handovers.</p> <p>External training opportunities for staff include training through Health New Zealand and other external providers such as hospice. The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the fifty-eight wellness partners employed, thirty-eight have achieved level four, seven have completed level three and four have achieved level two NZQA qualification. There are thirteen wellness partners allocated to the dementia unit; all thirteen have completed the relevant required dementia standards.</p> <p>All wellness partners are required to complete annual competencies for restraint; moving and handling; medication and insulin administration (if medication competent) and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. The RNs 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 is a total of eleven RNs with eight being interRAI trained, the clinical manager and four 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. Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>FA</p>	<p>Seven staff files (one clinical manager, two clinical coordinators, one RN and three wellness partners) 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,</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>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 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>FA</p>	<p>Eight resident records were reviewed as an initial sample: three rest home (including one on respite care, and one in the serviced apartment) and three hospital (including one on a YPD and one on an ACC respite contract) and two from the dementia unit. The registered nurses (RNs) are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Resident initial assessments and initial care plans were in place for residents. The electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. The LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Early warning signs (EWS) are documented and meet the residents' assessed current needs and interventions provide sufficient guidance to wellness partners in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual About Me and Leisure care plan.</p> <p>The two residents on respite care had an interim care plan completed within 24 hours of admission and the assessments inform the care plans which include details to manage all medical social and cultural needs. The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family relationships.</p> <p>The Wellness Leader in conjunction with the Wellness Partner and Clinical Coordinator completes a 24-hour leisure plan for all residents in the dementia unit. The Arvida dementia specialist assist with clinical reviews</p>



	<p>(when required) for the residents in the dementia unit and suggest alternative strategies and equip staff with skills to provide appropriate de-escalation strategies.</p> <p>Short term acute problems, for example infections, wounds, and weight loss are incorporated as part of the long-term care plan. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by a general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP or NP within required timeframes and when their health status changes. There are nine medical practices and over 20 GPs and 2 NPs that work across the medical practices that provide services to the facility. After hours support is provided by the urgent care doctor from 5pm to 7 am. Medical documentation and records reviewed were current. When interviewed, the NP was complimentary regarding the quality of care delivered and the clinical leadership. The facility has a contracted physiotherapist who every two weeks. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, older persons mental health community team, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a</p>
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		<p>wound nurse specialist is consulted. At the time of audit there was one community acquired unstageable pressure injury treated. Staff reported to have enough equipment available to care for the residents.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records, catheter change, food and fluid charts, behaviour monitoring and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. All RNs had completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent wellness partners interviewed could describe their role regarding medication administration. The service currently uses blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in locked cupboards in the two medication rooms. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Sixteen medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were documented for pro re nata (PRN) medications. The effectiveness of pro re nata (PRN) medication was consistently documented in the electronic medication system and progress notes. There were two rest home</p>

		<p>residents who self-administer medications. There are documented policies that provide guidance on self-administration of medications. Evidence was sighted they had three monthly reviews by the GP to confirm they had competence to do so. Safe storage was provided in their bedroom for all medications. The RNs regularly checked in with the resident to ensure they were still managing and had no problems. There were no YPD residents self-administering their medications; however, interviews with a YPD resident and their family/whānau confirmed they are supported should they wish to do so There are no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services were previously contracted out to an external provider; however, from the 1 December 2024 the food services are provided by Arvida. Food preferences and cultural preferences are encompassed into the new Arvida menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests.</p> <p>There is a verified food control plan that was transferred from the external provider to Ashwood Park Retirement Village and expires on 14 June 2025. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. The kitchen manager interviewed was knowledgeable about residents’ food choices, likes and dislikes.</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</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care.</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Ashwood Park Retirement Village and comply with legislation relevant to the services being provided. There is a current building warrant of fitness that expires 1 July 2025. The maintenance manager oversees maintenance of the site and contractor management. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Any maintenance requests are entered into the electronic maintenance system. This is checked daily and signed off by the maintenance manager when repairs have been completed.</p> <p>There is a 52-week planned maintenance programme that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Electrical equipment, hoist and calibration checks occurred in November/December 2024 and January 2025. Equipment failure or issues are also recorded in the system. Hot water temperature recording reviewed had corrective actions undertaken when any temperatures were above the required 45 degrees Celsius.</p> <p>The environment is inclusive of people's cultures and supports cultural practices. 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>Two service apartments (number 15 &amp; 16 previously studio apartments) have been reconfigured into a single rest home level care apartment as per the notification letter dated 24 October 2024. The serviced apartment is verified as suitable for rest home level care.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme</p>

<p>policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>is reviewed annually and endorsed by the Arvida executive team. The infection control coordinator reviewed the data and reported on the 2023 year, the annual plan for 2024 is due for review in March 2025. There is an infection control steering group with representatives from several facilities and they meet quarterly to support all villages.</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 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 the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection control data is presented and discussed at the monthly clinical, quality and risk meetings. 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. Infection control is included in management reports.</p> <p>There has been six Covid-19 and one Norovirus outbreak since the previous audit. The outbreaks were well documented and managed. Outbreaks were reported to Public Health as and when 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>	FA	<p>The facility has maintained their restraint free status. The organisation is committed to providing services to residents without use of restraint. The restraint coordinator is the clinical manager. The use of restraint is actively monitored by the general manger Wellness and Care with all incident's</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>involving restraint is reported through the established process as required.</p> <p>Restraint practices are relevant to individual resident requirements and the least restrictive options are used first. Restraints are only used where it is clinically indicated, justified, and other strategies including falls prevention interventions have been demonstrated to be ineffective. At the time of audit, there were no residents using restraint.</p> <p>Restraint documentation processes are described in the restraint minimisation elimination and safe practice policy and include assessments, consent, monitoring and evaluation processes to minimise associated risks. Staff have completed annual training in management of behaviours that challenge and de-escalation strategies.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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End of the report.