

Village At The Park Care Limited - Village At The Park

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:	Village at the Park Care Limited
Premises audited:	Village At The Park
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: 20 February 2025 End date: 21 February 2025
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:	96

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Village at the Park is part of the Arvida group and is certified to provide hospital (medical and geriatric), dementia and rest home levels of care for up to 109 beds. At the time of the audit there were 96 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 has been in the role for four years. They are supported by a clinical manager (registered nurse), clinical coordinator, registered nurses, enrolled nurses, wellness partners and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

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

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

The 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 fully attained.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The 2025 business plan includes a mission statement and operational objectives. The service has quality and risk management systems documented that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Village at the Park collates clinical indicator data and benchmarking occurs.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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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.

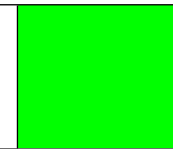
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

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 family/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.

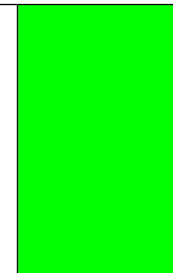


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. A maintenance plan is adhered to. Electrical equipment has been tested, tagged and calibrated as scheduled. The secure dementia unit provides a homelike atmosphere and is secure.

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

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



Subsections applicable to this service fully attained.

The infection control programme has been developed and approved at executive and board level. The education plan includes competencies and training in relation to infection control.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment, and this is supported by the governing body and policies and procedures. There were no residents using restraint at time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative solutions.

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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida which is understood by staff. Thirteen staff (seven caregivers [referred to as wellness partners], three registered nurses [including one clinical coordinator], one enrolled nurse [dementia lead], one laundry and one maintenance) interviewed confirmed that mana motuhake is recognised. At the time of the audit there were Māori staff and residents at Village at the Park. Residents individual preferences and cultural requirements were included in the care plans reviewed.</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</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework which the service implements. The plan upholds the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>There are staff members who identify as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews,</p>

Pacific peoples for improved health outcomes.		cultural, and spiritual beliefs of Pacific peoples. Village at the Park currently has residents who originate from the Pacific Islands.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commission (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, sign language and te reo Māori. Residents (two rest home, one hospital) and five family/whānau (one rest home, one hospital, three dementia) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Village at the Park policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with three registered nurses, enrolled nurses and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant</p>	FA	<p>Informed consent processes were discussed with residents and family/whānau on admission. The resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical care were included and signed as part of the admission process. Specific consent had been signed by competent residents, the enduring power of attorney (EPOA) or welfare guardians (including for residents in the dementia unit) for procedures such</p>

<p>messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>as influenza and Covid-19 vaccines. Discussions with staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care. The admission agreement is appropriately signed by the resident, the EPOA or welfare guardians. Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated and medical certificates for incapacity were sighted on file. Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms are located throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, English and other languages (as required).</p> <p>An electronic complaints register is being maintained by the village manager. There were two complaints logged since last audit. Documentation reviewed included acknowledgement, investigation, follow-up and replies to the complainant demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (minutes sighted). There have been no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Village at the Park is owned and operated by the Arvida Group. The service is certified to provide dementia, rest home and hospital level care for up to 109 residents. These include 42 dual purpose (rest home or hospital) beds; 33 dementia level care beds across two units (one 15 beds and one 18 beds); and 34 serviced apartments certified to provide rest home level care. There are no double or shared rooms.</p> <p>At the time of the audit, there were 96 residents in total: 40 hospital residents, including one resident on a long-term support chronic health care (LTS-CHC) contract; 27 rest home residents, including thirteen in the serviced apartments; and 29 dementia level care residents across the two dementia units. All residents were admitted under the age-related residential care (ARRC) contract, excluding the one on the LTS-CHC contract.</p> <p>Arvida Group’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy. There is a site specific 2025 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated. The 2024 business goals (sighted) have been evaluated with degree towards achievement clearly documented.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy ‘to create a great place to work where our people can thrive’. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>There is a clinical governance group that reflects the Arvida values and approach including the inclusion of a resident in the group, ‘touchpoints’ across different areas of expertise, and clear links to the clinical indicator steering group and Māori advisory group.</p>
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		<p>The village manager (registered nurse) has been in the role for four years with many years of healthcare management experience. They are supported by an experienced clinical manager who has been in the role for two years. They are both supported by a resident services manager, a clinical coordinator, a dementia lead, and a team of registered nurses, enrolled nurses, wellness partners, housekeeping, wellness leaders, maintenance, and administration staff. The management team reports that there is currently a stable team with low turnover of staff.</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>Arvida Village at the Park continues to implement the Arvida quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, health and safety, infection control and three times a year staff, wellness team and nurses' meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meetings were completed as scheduled, and meeting minutes reviewed evidence follow-up of action and sign off of actions when completed. Internal audits were completed as scheduled with corrective actions implemented and signed off when completed. Collation of data was documented as taking place, with corrective actions documented where indicated to address service improvements.</p> <p>Quality data and trends in data are shared with staff during meetings. The resident and family/whānau satisfaction survey completed in 2024 showed a lower satisfaction with food service (40%). The service has since put together goals and quality improvements related to this area and communicated the outcome of the survey and corrective actions to residents and family/whānau. Interviews with residents and family/whānau during the audit confirmed satisfaction with food service. Survey results analysis and generated corrective actions have been communicated to staff.</p> <p>A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). The noticeboards in the nurses' stations keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a</p>

		<p>severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the various meetings and at handovers. Quality improvements and corrective actions are implemented based on the outcome of the clinical data analysis.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 and severity assessment code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported. There have been three outbreaks since the previous audit. All the outbreaks were reported appropriately.</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>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Village at the Park completed a roster review which was implemented in October 2024 to ensure safe staffing levels and flexibility with adjustment of staffing levels to meet the needs of the resident and for acuity changes. There is a weekly roster in place which provides sufficient staff cover for the provision of care and service to residents. The registered nurses on each shift are aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The residents and family/whānau interviewed had varied responses to staffing. Rosters from the past three weeks showed a good cover of all the shifts with replacement evident for short notice absences.</p> <p>The village manager and clinical manager work during the week and are available on call after-hours for any operational and clinical concerns respectively. They are closely supported by the Arvida support team including the head of clinical quality. There are no current vacancies in the registered nurse roster.</p> <p>There are designated food services, cleaning, maintenance, and laundry staff, with rosters reviewed evidencing seven-day cover. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule completed for 2024 and</p>

		<p>being implemented for 2025. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. External training opportunities for care staff include training through Health New Zealand and hospice.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Village at the Park supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Of the fifty-seven wellness partners at Village at the Park; 50 are on level three and above NZQA qualification. There are 18 staff who work in the dementia unit, 17 have completed the required unit standards and one is enrolled and within 18 months.</p> <p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. The service currently employs 12 registered nurses (including the clinical manager and clinical coordinator) and two enrolled nurses; with 11 registered nurses and one enrolled nurse being interRAI trained. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, syringe driver and interRAI assessment competency.</p> <p>The clinical manager, clinical coordinator and registered nurses are supported to maintain their professional development. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and</p>	<p>FA</p>	<p>Seven staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Wellness</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>partners and registered nurses interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals have been completed in all the seven staff files reviewed.</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>Six resident records were reviewed: two rest home, two hospital including one resident on a LTS-CHC contract and two residents in the dementia unit. The registered nurses are responsible for all resident's assessments, care planning and evaluation of care.</p> <p>Resident initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff 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 activity care plan.</p> <p>Short term care plans are developed for acute problems, for example infections, wounds, and weight loss. 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 registered nurse. 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 a registered nurse 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. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family 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</p>

		<p>access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There is one general practitioner who covers rest home, hospital and village completing one clinic per week and as required. One general practitioner covers the dementia unit. They visit weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner stated the standard of clinical leadership and care was satisfactory. After hours care is provided by the contracted medical practice and the local public hospital when needed. A physiotherapist provides two eight-hour clinics per week. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, 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 wound nurse specialist is consulted. At the time of audit there were no pressure injuries. 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 and repositioning charts.</p> <p>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. This was noted to be comprehensive in nature.</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</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</p>

<p>Māori to access appropriate medication and blood products. 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>process. The clinical coordinators and registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurses interviewed could describe their role regarding medication administration. The service currently uses robotics packs for all regular medication and pro re nata (PRN) medications. 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 main hospital medication room, dementia treatment room and rest home cupboard. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Twelve medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications were used were noted for pro re nata (PRN) medications, and the effectiveness of PRN medication was consistently documented in the electronic medication system and progress notes. There was one rest home resident self-medicating at time of audit. They had been appropriately assessed as being competent. They don't keep the medications in their room as staff give them when they are due to take unsupervised. The clinical manager confirmed that process and policy was followed regarding the ongoing monitoring for safety. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</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</p>	<p>FA</p>	<p>Menu development encompasses food preferences, dietary needs, allergies and cultural preferences. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan current to 14 June 2025.</p>

health and wellbeing.		
<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>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. Evidence of residents who have been referred to other specialist services such as wound care nurse specialists were sighted in the files reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The secure dementia unit is accessible only via use of a keypad code. The environment is inclusive of people's culture and supports cultural practices.</p> <p>The current building warrant of fitness expires 16 March 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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</p>	FA	<p>The infection control programme links to the business and quality plans. The infection control programme is reviewed annually and endorsed by the Arvida executive team. The reviewed infection control programme by Arvida Group support office is sent out to all facilities for review before being completed. The infection control coordinator reviewed the data and reported</p>

<p>infection. 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. 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>on the 2024 year. The implementation of the infection programme of 2024 has been reviewed in January 2025.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed of infections through meetings, newsletters, and emails. Infection events reviewed well documented family/whānau involvement and communication.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board monthly by the Arvida support office.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been three outbreaks related to Influenza A (August 2024), respiratory tract infection (November 2024) and covid-19 (January 2025). These were well managed, documented and reported appropriately.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The clinical governance group and restraint steering group are responsible for the organisation's restraint elimination strategy. The designated restraint coordinator is a registered nurse who confirmed that the service is committed to a restraint free environment. The service has effective strategies in place to maintain their no restraint stance which includes training and care planning. Restraint is included as part of the orientation for staff and completed annually through the education plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

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, there 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.