

Ilam Lifecare Limited - Ilam Lifecare

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: Ilam Lifecare Limited

Premises audited: Ilam Lifecare

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: 27 February 2025 End date: 28 February 2025

Proposed changes to current services (if any): Four serviced apartments previously certified as suitable for rest home level of care have been refurbished since the last audit to two bigger serviced apartments (DA1 and DA 2). As a result of the refurbishment, the serviced apartments numbers reduced from 45 to 43. The serviced apartments were verified as suitable for rest home level of care. The overall total bed numbers reduced from 121 to 119.

Total beds occupied across all premises included in the audit on the first day of the audit: 84

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

Ilam Lifecare is part of the Arvida Group and provides hospital (geriatric and medical), and rest home and dementia level of care for up to 119 residents. At the time of the audit there were 84 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. 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 general practitioner.

The village manager is supported by a clinical manager, four clinical coordinators and a team of experienced staff. There are various groups in the Arvida support office 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.

The service has addressed the previous audit finding related to staff training.

This surveillance audit identified no shortfalls in relation to this audit.

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.

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 fully attained.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

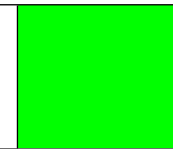
Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent wellness partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Transfer between services is coordinated and planned.

Te aro ki te tangata me te taiao 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.

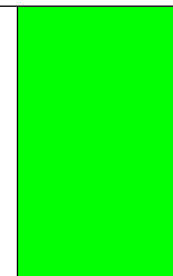


Subsections applicable to this service fully attained.

A current warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place.

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

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



Subsections applicable to this service fully attained.

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. One outbreak has 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 fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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, which Ilam Lifecare 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 no residents who identified as Māori at Ilam Lifecare. 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 Ilam Lifecare. There were no residents who identified as Pasifika at the time of the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The village manager and clinical manager interviewed demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Fifteen staff interviewed (six registered nurses (RN), including one clinical coordinator, six wellness partners (caregivers), a learning coordinator, one maintenance manager and one kitchen manager) confirmed their knowledge of the Code. Seven residents (four rest home, three hospital) and seven family/whānau (three rest home, one hospital and four from the dementia unit) interviewed all stated that their rights were upheld.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Arvida policies provide guidance on the prevention of 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 Ilam Lifecare 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 manage their own health,</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation letters are on file.</p>

<p>keep well, and live well. 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. A complaints register is being maintained. There has been one complaint made through the Health and Disability Commissioner (HDC) in 2023 since the last audit, two received in 2024 year and four received in 2025 year to date.</p> <p>One of the complaints was made through the HDC in March 2024 related to care received in December 2023 that is currently in progress. All the information requested was sent to HDC within the required timeframe. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by HDC. All complaints (but two) were rated as low risk.</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 and clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation in a possible restorative hui.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>Ilam Lifecare is part of the Arvida Group. The service provides hospital (medical and geriatric), rest home and dementia level of care for up to</p>

<p>the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>121 residents across three levels. There are 76 beds in the care centre including 22 beds in the rest home area [Randolph wing], 34 beds in the hospital area [Charlotte Jane wing] and 20 dementia beds in Cressy wing. There are 45 serviced apartments previously certified as suitable for rest home level of care. There are three dual purpose beds in Randolph wing. All rooms are for single occupancy.</p> <p>Four serviced apartments previously certified as suitable for rest home level of care have been refurbished since the last audit to two bigger serviced apartments (DA1 and DA 2). As a result of the refurbishment, the serviced apartment numbers reduced from 45 to 43. The serviced apartments were verified as suitable for rest home level of care. The overall total bed numbers reduced from 121 to 119.</p> <p>At the time of the audit, there were 84 residents in total: 32 at rest home level care (including 12 in the serviced apartments; three were on respite care) and 33 at hospital level care residents (including five on Accident Corporation Compensation [ACC] funding and 19 residents in the dementia unit. All other residents were on the aged related residential care (ARRC) agreement.</p> <p>Arvida Group has a well-established organisational structure. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business and are responsible for establishing initiatives to ensure that operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team, and support partners. 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. The operations team includes regional managers who provide support, mentoring and are a direct liaison on operational matters for village managers. The regional managers report through to the general manager of operations and executive teams through to the Board.</p> <p>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>
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		<p>There is an overall Arvida Group Living Well Community business plan for each village which links to the Arvida vision, mission, values, scope and strategic direction. The business plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a village business plan 2024/25 in place. The villages are encouraged to develop their own village specific goals in response to their village community voice. The village manager has recorded progress towards the achievement of these business plan goals.</p> <p>The village manager (non-clinical) has been in the role at Ilam Lifecare for more than three years and has management experience for over 25 years. The village manager is supported by an experienced clinical manager that has been in the role for more than three years and worked at Arvida for 18 years. They are supported by four clinical coordinators (the rest home, hospital, dementia, and serviced apartment units).</p> <p>The village manager and clinical manager have completed the required eight hours of training related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Ilam Lifecare collects and reports on clinical indicator data with discussion leading to improvements in service delivery. Meetings are held monthly for quality improvement and infection prevention and control meeting included is a health and safety meeting and infection prevention and control meeting. There are quarterly RN/clinical and monthly neighbourhood meetings (one for the serviced apartments, one for the rest home wing (Randolph) one for hospital wing (Charlotte Jane) and one for the dementia unit (Cressy), and six-monthly full staff meeting. These provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; restraint free strategies, corrective actions, 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 staffrooms and nurses'</p>

		<p>stations.</p> <p>There is a corrective action register that is maintained. Corrective actions are discussed at relevant meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the resident and family/whānau satisfaction survey (sighted) of June 2024 were positive. Results were communicated to staff, residents and family/whānau and as evidenced in meeting minutes. There were no corrective actions required. The satisfaction related to the quality of food, choices provided and dining experience is above the Arvida average for their villages. The previous continuous improvement rating related to the food services has been maintained.</p> <p>A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register were reviewed. The noticeboards in the staffroom and nurses` stations keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident and incident forms reviewed. Results are discussed in the quality improvement, health and safety meetings and at handover. At the time of the audit there was a call bell failure. A documented risk management system was in place and implemented. Residents and family/whānau confirmed they had been informed.</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 five Section 31 notifications completed appropriately since the previous audit. There were three serious adverse events reported to the Health Quality and Safety Commission. Three outbreaks have been reported since the previous audit. All outbreaks were well documented, reflected upon and appropriately reported.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</p>	<p>FA</p>	<p>Ilam Lifecare 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 number of staff on duty to</p>

<p>whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>meet the resident needs. The village manager, clinical manager work 40 hours a week Monday to Friday. Four full time clinical coordinators work across the week. The village manager is available on call after hours for any operational related issues and the clinical manager and clinical coordinators share the on call after hours duties for any clinical concerns. In addition to the clinical coordinators, there is at least another 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. There are dedicated housekeeping and laundry staff. There is a physio assistant working three times a week for two hours each day to assist with mobility needs. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of residents.</p> <p>There is an annual education and training schedule completed and implemented for 2024. The education and training schedule lists compulsory training, which includes cultural awareness training. Impromptu toolbox talks are also held, topics including falls prevention, continence management, medication and wound management and effective handovers were covered. 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 82 wellness partners employed, 75 have achieved a level three or four NZQA qualification. There are 17 wellness partners allocated to work regularly in the dementia unit, all but one have completed the required dementia related training as specified in clause E4.5(f) of the ARRC. The remaining employee is enrolled to complete the training no later than 18 months after their appointment. The finding related to dementia standards training (criteria # 2.3.4) has been addressed.</p> <p>All wellness partners are required to complete annual competencies for restraint; moving and handling; medication & insulin administration (if medication competent); and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. The registered nurses' complete competencies including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include interRAI assessment</p>
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		competencies. There are a total of 15 RNs (including the clinical coordinators and clinical manager) and seven are 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>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Eight staff files were reviewed and included evidence of completed orientation, training, competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. Staff who have been employed for a year or more have a current performance appraisal on file. A register of practising certificates is maintained for all health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident records were reviewed as an initial sample: three rest home (including one respite care, and one in a serviced apartment), two hospital (including one on an ACC contract) and two dementia residents. 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 and completed within 48 hours of admission. The electronic long term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Early warning signs are documented and met the residents' assessed current needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information</p>

	<p>about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual About Me and Leisure care plan. Residents in the dementia unit have a behavioural support plan in that describe the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Prevention-based strategies for minimising episodes of challenging behaviours are documented and include a description of how the behaviour of the resident is best managed over a 24 hour period.</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 the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The contracted medical practice provides weekly clinics and after-hours support. Medical documentation and records reviewed were current. When interviewed the GP was complimentary regarding the quality of care delivered and the clinical leadership provided. The facility has a contracted physiotherapist who visits weekly. 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</p>
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		<p>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 two facility acquired pressure injuries (stage two and three). 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>Policies and procedures are in place for safe medicine management. Medications are stored safely in locked medication rooms. Wellness partners and RNs are responsible for medication administration and have completed medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were no residents self-administering medications on the days of audit. Assessments, reviews, storage, and procedures relating to self-medication is available for residents that may wish to self-administer medications. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN.</p> <p>Medication fridge and room air temperatures are checked daily, recorded,</p>

		<p>and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status documented. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and in progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the 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 current to 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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</p>

<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 Ilam Lifecare and comply with legislation relevant to the services being provided. The environment is inclusive of people's cultures and supports cultural practices. Four serviced apartments previously certified as suitable for rest home level of care have been refurbished in December 2023 (since the last audit) to two bigger serviced apartments (DA1 and DA 2). As a result of the refurbishment, the serviced apartments numbers reduced from 45 to 43. The serviced apartments were verified as suitable for rest home level of care. The overall total bed numbers reduced from 121 to 119. The maintenance manager confirmed there were no changes required to the fire evacuation scheme.</p> <p>There is a current building warrant of fitness that expires 1 September 2025. The maintenance person works full time (Monday to Friday) and oversees maintenance of the site, and contractor management. They are supported by contracted gardeners for 16 hrs a week. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged into an electronic system and followed up in a timely manner. An annual maintenance plan includes electrical compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment is next due in October 2025. Checking and calibration of medical equipment, hoists and scales is next due in October 2025.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</p>
<p>Subsection 5.2: The infection prevention programme and</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</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually and endorsed by the Arvida executive team. The infection control coordinator reviewed the data and reported on the 2024 year. 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>	<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 control data is presented and discussed at the monthly quality improvement 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>Three outbreaks have been reported since the previous audit and include a norovirus outbreak (February 2024), Covid-19 (April 2024), and a viral outbreak (gastroenteritis in January 2025). All outbreaks were well documented, reflected upon and appropriately reported to Arvida executive team, regional public health unit and HealthCERT where required. The service captures ethnicity data and incorporates this into surveillance methods and data captured around infections.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is governance commitment to maintain restraint free. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without use of restraint as evidence in the strategic plan. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was last completed in March and August 2024.</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.