

# Queenstown Country Club Living Well Limited - Queenstown Country Club Care Centre

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Queenstown Country Club Living Well Limited
<b>Premises audited:</b>	Queenstown Country Club Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 4 March 2025    End date: 5 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Queenstown Country Club Care Centre provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 62 residents. At the time of the audit there were 40 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is supported by a clinical manager, Living Well Manager, and a team of experienced staff. Support for villages is provided by Arvida support office.

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.

The service has addressed two of three of the previous partial attainments in relation to completion of the landscaping in the secure area and fire drills for staff. An ongoing shortfall remains around managing potential risks of the cooking hobs.

This certification audit identified shortfalls regarding risk management of locks on resident rooms and accessible cooker hobs.

## 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.

Queenstown Country Club provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service has a Pacific Island advisor who will provide support for Pasifika peoples when required. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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 business plan for the financial year 2025 includes measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff.

Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled with corrective actions as indicated. A health and safety programme is implemented. There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## 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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Assessments, care planning and evaluations are completed by the registered and enrolled nurses. These processes are completed within the required timeframes. There is a contracted medical practice with weekly visits by a general practitioner and nurse practitioner. Out of hours services are provided by emergency services. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau.

Medication management is on accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by a wellness leader and wellness partners. A broad range of group and individual activities are provided. Cultural diversity is celebrated.

All meals and baking are prepared and cooked onsite by a trained chef and cooks. Dietary preferences, allergies, intolerances, and specific needs are catered for.

Processes are in place for the safe transfer and discharge of residents.

## Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is a certificate of public use in place. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas. The dementia household is secure and has a well-appointed and secure outdoor area which residents can freely access. There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies through training and holding sufficient supplies. There is always at least one staff member on duty with a current first aid certificate. All residents have a personal pendant for their use.

## **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.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the last audit, and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## **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.

There is governance commitment to work towards a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraint. Use of restraints would only be considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

## 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	26	0	0	1	0	0
Criteria	0	167	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of the Māori health plan is to provide equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>The service currently has no residents that identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education. At the time of the audit there were no staff members who identified as Māori. The village manager stated that they support a culturally diverse workforce and will interview Māori applicants when they do apply for employment opportunities.</p> <p>Arvida has a Māori Advisory Group which advises and provides support for any cultural issues arising from the Villages. The advisory group also consults with the clinical governance group on</p>

		matters where policy or practice change may be required.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pasifika communities to produce their Pacific health plan. The service has a Pacific Island advisor who will provide support for Pasifika peoples when required. There were no residents that identified as Pasifika.</p> <p>The village manager advised that family/whānau of Pasifika residents (when they have any) would be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>At the time of the audit here were no staff who identified as Pasifika. The village manager stated that they support a culturally diverse workforce and that they will interview Pasifika applicants when they do apply for employment opportunities. Fourteen staff interviewed; five wellness partners (caregivers), two registered nurses, two enrolled nurses, one wellness leader, one kitchen manager, one maintenance manager, one maintenance assistant and one housekeeper/laundry assistant confirmed all cultures were treated equally and welcomed to the workplace.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to 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. Discussions relating to the Code are also held during the monthly resident and family/whānau meetings. Interviews with six residents (five rest home and one hospital level of care) and seven family/whānau (two rest home, two hospital and</p>

		<p>three dementia level of care) reported that the residents' rights are being upheld by the service.</p> <p>Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services, maintaining dignity, respect, and autonomy.</p> <p>Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all</p>

		<p>decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, implementation of signage that reflects the use of te reo Māori and are sharing knowledge around the values underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment is contained in the online training platform, accessible to all staff. The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status). The Arvida values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate.</p> <p>These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination. Staff complete education during orientation and annually as per the training plan on how to</p>

		<p>identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is documented in resident electronic files. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated.</p> <p>At the time of the audit there were no residents who did not speak English; however, Queenstown Country Club has appropriate communication strategies in place for staff members should any resident require support. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved.</p>

		<p>The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <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>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. The electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures. Discussions with all staff interviewed confirmed they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect the lives of their family/whānau. Discussions with clinical staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code of Rights, informed consent and EPOAs is a mandatory topic delivered and completed as per schedule via the electronic learning system.</p>

		<p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</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 on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using an electronic complaint register. There was one complaint made in 2023, four in 2024 and two in 2025 year to date following the surveillance audit at Lake Wakatipu Care Centre in October 2023. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). A complaint made through the HDC in July 2022 was fully investigated by Arvida, an HDC letter dated 31 January 2025 stated that the complaint has now been closed. Staff are informed of complaints (and any subsequent corrective actions) in the quality, RN/clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and chaired by the wellness leader. The village manager, and/or clinical manager and living well manager are present during a portion of the meeting. Family/whānau confirmed during interview the management team are available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.</p>

<p><b>Subsection 2.1: Governance</b></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>Queenstown Country Club is part of the Arvida Group. Avida Queenstown Country Club opened on 16 September 2024 after transferring residents from Arvida Lake Wakatipu Care Centre. The service is certified to provide rest home, hospital (medical and geriatric), and dementia level care for up to 62 residents. There is a 10-bed secure dementia (Earnslaw) household and 52 dual purpose beds in care suites (Manata, Tewa, Rees, Wallis, and McKerrow households).</p> <p>On the day of the audit there were 40 residents in total: 14 rest home residents (including one resident on respite care), 18 hospital level residents including one resident on a long-term support-chronic health condition (LTS-CHC) contract and one resident funded as a palliative care resident and eight residents at dementia level of care. All other residents were under the age-related residential care contract (ARRC). There were no double or shared rooms; however, there was a married couple occupying single rooms.</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent, team of six professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. Arvida Group's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The executive team comprises of nine experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted into their roles.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from the regional managers providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy.</p>
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	<p>Residents and family/ whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at Queenstown Country Club. The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, clinical manager representative, expert resident, and wellness leader/manager representative. Clinical governance ensures a co-ordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the clinical governance group are incorporated into regular reports to the chief executive officer (CEO).</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed. The working practices at Queenstown Country Club are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. Arvida has a Māori Advisory Group who have been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant and education with staff at all levels, and ensuring an increased awareness in cultural safety.</p> <p>The Arvida Living Well Community 2025 (financial plan) business plan is specific to Queenstown Country Club and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance. Quality improvements are documented around environmental improvements, communication pathways, and</p>
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		<p>delivering a food experience. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training. Through implementation of the Attitude of Living Well framework and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are respectful of the resident's preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. Every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The village manager (non-clinical) has been in the role since 2020 and at Arvida for nine years. The village manager is supported by a clinical manager who has been in the role for two years and the living well manager has been in the role for three years. The village manager oversees the implementation of the quality plan with support from the living well manager. The clinical manager is responsible for regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk. The management team are supported by a team of RNs and care staff. The head of clinical quality was actively present on site and involved in the management of Queenstown Country Club to ensure the service delivery and clinical effectiveness at Queenstown Country Club improve to maintain a high standard as expected from the Arvida Group.</p> <p>The village manager has completed professional development activities in excess of eight hours annually, 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>FA</p>	<p>Queenstown Country Club has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and</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>procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>Monthly quality meetings, registered nurse/clinical, and quarterly staff (wellness partners) 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. Internal audits and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the resident and family/whānau satisfaction survey (March 2024) reported satisfaction with the service being provided. Corrective actions were implemented around food services. Results were communicated to staff, residents and family/whānau as evidenced in meeting minutes reviewed.</p> <p>The Arvida health and safety programme is Accident Compensation Corporation (ACC) accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted; however, the accessibility of the hobs in the dual purpose households and the management of resident doors which are able to be locked in all areas of the facility are not included on the hazard register (link 4.1.2). Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in quality and staff meetings. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up</p>
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		<p>action(s) required, evidenced in eighteen electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard. Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements to the Health Quality and Safety Commission. There have been Section 31 notifications submitted appropriately since the last audit. Two outbreaks have been recorded since the last audit and reported as required.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. The village manager and clinical manager both work fulltime from Monday to Friday. The living well manager works four days a week, Monday to Wednesday and Friday. They are supported by a team of registered nurses and wellness staff. In the temporary absence of the village manager, the living well manager will perform the village manager's role with the support of the clinical manager.</p> <p>The clinical manager is on call 24/7 for any clinical matters and is supported by the living well manager. The village manager is on call 24/7 for any operational related issues. There is at least one registered nurse on shift at all times. Extra staff can be called on for increased resident requirements. Separate cleaning staff and</p>

	<p>laundry staff are employed seven days a week. Interviews with staff confirmed there are sufficient staff to meet the needs of residents. Residents and family/whānau interviewed confirm they are informed when there are changes to staffing levels and that any care requirements are attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically through an electronic platform and each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. The registered nurses complete competencies including (but not limited to): medication administration, controlled drug administration, syringe driver, and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, moving and handling, and cultural competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. Cultural awareness training is part of orientation and provided annually to all staff. Quality and staff meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Queenstown Country Club supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Sixteen wellness partners have achieved either a level three or level four NZQA qualification. Seventeen wellness partners work in the dementia household; of whom, seven have attained their dementia standards, five are in progress of completing and five have not enrolled (all five are within the 18 month required period). There are eight registered nurses (including the clinical manager) and two enrolled nurses with three of the registered nurses having completed their interRAI training. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p>
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<p><b>Subsection 2.4: Health care and support workers</b></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>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. 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. All staff who had been employed for over 12 months have an annual appraisal on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction, which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference. The resident files are appropriate to the service type and demonstrated service</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>integration.</p> <p>Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria includes a requirement to be needs assessed for rest home, hospital, or dementia level care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Arvida website and in an information pack. Entry criteria is communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the staff will complete an enquiry form and discuss their needs. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. Residents and family/whānau interviewed confirmed the entry process was well explained, went smoothly, and felt treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer.</p> <p>Arvida monitors entry and decline rates and the data includes ethnicity. The service has existing relationships with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these</p>

		interventions, are consulted when required.
<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 files were reviewed including two dementia level, three hospital level (one resident on an exceptional circumstances contract and one resident on a LTS-CHC contract) and two rest home level residents. Registered and enrolled nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the wellness leader has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, interim care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. InterRAI assessments have not been completed for the residents with exceptional circumstances and LTS-CHC. A suite of risk assessments were completed for the residents not on the ARRC contract, which formed the basis of their holistic individualised care plans.</p> <p>Medical assessments are completed by either the contracted general practitioner or nurse practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner/nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week for residents with palliative care needs. Out of hours emergencies are managed by the emergency services. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes. The registered nurse and wellness leader complete a form titled “all about me” to identify residents’ interests, preferences, previous occupation and significant people and events and this is used to develop a plan for meaningful activities. Residents who have a diagnosis of dementia have a 24-hour activity plan. The “about me” includes cultural assessment and residents and family/whānau interviewed confirmed their input into this. There is a contracted physiotherapist onsite for five hours per week to undertake</p>

	<p>assessments for mobility. Their recommendations contribute to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and cover all assessed needs. Residents with dementia have a behavioural support plan in place. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are developed within the electronic patient management system.</p> <p>Registered nurses and wellness partners described how they involve residents and family/whānau in implementing care plans. Residents and family/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own wellness/pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are communicated to wellness partners. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Long term care plans are living documents and acute changes such as wounds and infections are added to the long-term care plan and resolved when the issue resolves.</p> <p>At the time of the audit there were nine wounds being treated including two pressure injuries (one stage one and one stage two).</p>
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	<p>The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photographs are taken to evidence progression or deterioration of the wound. Wound evaluations are documented. Advice is sought from the wound care specialist where required.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the wellness partners, each shift by the registered nurse for hospital level residents and weekly by the registered nurse for rest home and dementia level residents but more frequently if there are issues or concerns. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, wellness partners, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; food and fluids; falls risk; and pain if applicable. For residents with dementia behaviour monitoring charts are also completed. Neurological observations are completed at accepted timeframes and duration for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
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		Cultural assessments are completed. The service facilitates access to traditional Māori health practitioners as needed.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is planned and overseen by the wellness leader. The wellness leader works full time and has extensive experience in rehabilitation. The wellness leader develops a weekly programme tailored to the residents needs and interests, particularly in the dementia unit. The activities are delivered by the wellness leader and the wellness partners. Attendance at activities is recorded in the residents' individual electronic record. The weekly activities plan is posted on walls throughout the facility and printed out for residents. Feedback on the activities programme is sought at resident meetings and individually.</p> <p>The facility relocated in September 2024. Since that time, the wellness leader has been working on existing and new relationships with schools and day care centres to ensure community involvement is in place.</p> <p>Review of the activities schedule shows the following is provided: exercises, weekly van outings to areas of interest in the area, nail treatments, entertainers, card games, quizzes, housie, movies, church services and happy hour. Calendar events such as Waitangi Day, Matariki, St Patrick's day, Easter, Christmas, Te Wiki o Te Reo Māori are celebrated. In the dementia unit activities include gardening (in raised beds), music, dance and joining in with all residents when visiting entertainers visit the facility.</p> <p>One to one activities are provided for residents who are unable to or choose not to participate in group activities such as mindfulness colouring, craft, knitting, board games and crosswords.</p> <p>Family/whānau take residents on outings so they continue contact with their wider family/whānau and communities. For those that do not have family/whānau staff confirmed they would facilitate access to the community on an individual basis.</p> <p>At present there are no residents who are Māori residents. The village manager and clinical manager confirmed wellness partners</p>

		<p>and the wellness leader would engage with them by singing waiata, have one to one conversations and discuss their needs with whānau.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the activities provided.</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>Medication management is safe and meets legislative requirements. Medications are administered by registered and enrolled nurses and medication competent wellness partners; all of whom are required to pass an annual medication competency. Medications are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked cabinets in each resident's room.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Medications are reviewed three-monthly by the general practitioner or nurse practitioner, in collaboration with the registered and enrolled nurses and resident and family/whānau.</p> <p>Fourteen medication charts were reviewed, on the electronic medication platform. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was sighted. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (PRN) medications are administered as prescribed and the reasons and effects are documented in the progress notes. Arvida do not have standing orders. There are two residents who self-administer their medications. They have been competency assessed as safe to do this and their medicines were seen to be stored in a locked cabinet</p>

		<p>in their room. Medication self-assessments are completed every six months. There are no vaccines kept on site. Over-the-counter medication and supplements are considered by the general practitioner and prescribed on the medication chart, including rongoā Māori if there were to be a Māori resident. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes.</p> <p>Staff explained the medication to residents in a simple way and if the resident chose not to take the medication, they would try again later.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food and baking are prepared and cooked on site. The kitchen manager is a trained chef and is assisted by a cook and three kitchen hands. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 14 June 2025. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in a folder in the kitchen and on a whiteboard. A seasonal menu in a four-weekly cycle is utilised. The menu is reviewed by the Arvida dietitian. During the audit, the meal service was observed in each area. Residents were seen to be enjoying their meals. Where needed staff discreetly assisted residents. There is adequate space in the dining room to accommodate residents and mobility aids.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The kitchen manager likes to meet residents individually to identify their food preferences. The residents’ weights are monitored regularly, and</p>

		<p>supplements and high protein smoothies are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes and served from heated bain-marie. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen manager reported the service prepares food that is culturally specific to different cultures. There are no current residents who identify as Māori; however, the kitchen manager reported they were able to provide hāngi, fried bread and other individual options if required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Residents' needs and potential risks are communicated to the referred health service by the registered or enrolled nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included a referral to the dietitian and speech language therapist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</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>PA Moderate</p>	<p>The building has obtained a Certificate of Public Use that expires on 13 May 2025. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists, and clinical equipment. The calibration of clinical equipment has been checked in January 2025. Electrical appliances were tested and tagged in December 2024. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. There is a maintenance manager and maintenance assistant who both work fulltime. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The maintenance plan is developed by Arvida and tailored to the site at Queenstown Country Club. Staff log maintenance and repair requests. This is checked by maintenance assistant daily and entered into the electronic system. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, for example awaiting contractor. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness and registration for the facility van used to transport residents for outings are current.</p> <p>The care centre is across three levels and is divided into six households. The facility has been designed in a household configuration in accordance with the Arvida 'living well' model of care. There are nurses' hubs in each household.</p> <p>There is a door release button at the entrance to the secure dementia household and a keypad exit. There is a centrally located spacious open plan lounge and dining area. A quiet room is located at the end of the hallway. The dementia household has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. Each resident room has a small kitchenette and spacious ensuite. There are handrails in ensuites. There is a use of colours in the ensuite, including a different colour toilet seat and sensor lights. All rooms and communal areas allow for safe use of mobility equipment. There is a landscaped outdoor area off the open plan living area that allows for easy indoor/outdoor flow with outdoor</p>
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		<p>area includes directional paths for wandering with raised gardens, shade, and seating.</p> <p>All rooms in the facility have individual locks and can be secured by residents from the inside. Each senior wellness partner and the registered and enrolled nurses have a master key to unlock the room. Each of the dual-purpose households have an open-plan lounge/dining area and kitchen. Dual purpose households have cook tops in the common areas that can be accessed by residents; however, there was no appropriate management plan in place that identifies and manages the risks.</p> <p>There are lifts between the floors. The physical environment supports the independence of the residents. Corridors have safety ledges that promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective households with mobility aids. There is adequate space in the dual-purpose households for safe manoeuvring of hoists within bedrooms and communal areas. All rooms have ensuites that are spacious and safely accessible with the use of a hoist. All resident rooms have external windows to provide natural light and have appropriate ventilation and individually controlled heating and cooling. Residents' rooms are personalised according to the resident's preference.</p> <p>There are comfortable lounges and seating for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside. There are private areas or quiet rooms for residents and visitors to enjoy in each household. The grounds and external areas were well maintained. External areas are independently accessible for residents in the dual-purpose households. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p> <p>The Arvida Māori advisory group has been incorporated in future development projects and have had input into the te reo Māori signage around the facility. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 12 August 2024. Fire evacuation drills are repeated six-monthly with the last one being held on 6 January 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The living well manager checks the civil defence supplies monthly. There is no generator on site; however, Arvida head office will hire mobile emergency generators for the facility if there is a power failure. Arvida Queenstown Country Club is budgeted to obtain a generator later in 2025. An email was sighted that showed a quotation for this. There is sufficient food stocks for three days if needed. Visitors and contractors are informed of what to do in the event the fire alarm sounds as observed on the day of the audit.</p> <p>There are adequate supplies in the event of an emergency including 16,000 litres of stored water, sufficient for three litres per resident for seven days. Alternative cooking facilities are available for any power cuts including four BBQs and gas hobs in the kitchen. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. The call bell system is monitored for response times. Call bells are in each bedroom and ensuite. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Entry and exit in the dementia household is by key fob security access. The service utilises security cameras throughout the facility, located at the main entrance, car park, hallways, nurses stations, medication rooms, facility perimeter and exit doors.</p>
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<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with Queenstown Country Club Care Centre. Infection prevention and control is linked into the electronic quality risk and incident reporting system and is part of the strategic and quality plans. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection control data is also sent to support office where it is reported regularly at board meetings.</p> <p>The service has access to an infection prevention and control specialists through Health New Zealand.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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>FA</p>	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention and control coordinator has completed online education related to their role through Health New Zealand.</p> <p>There is an infection prevention and control steering group with representatives from sister facilities and they meet three monthly to support all villages. The infection prevention and control programme links to the business and quality plans. The implementation of the infection prevention and control programme of 2024 has been reviewed in January 2025. There is a facility infection prevention and control team which now meets bi-monthly, this had been monthly in 2024 (meeting minutes sighted).</p> <p>The service has an outbreak plan and pandemic response plan which includes Covid-19 and details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is good external support from the GP, laboratory, and Health New Zealand infection prevention and control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required.</p> <p>The infection prevention and control manual outlines a</p>

		<p>comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection prevention and control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. Internal audits are completed, and any corrective actions identified are followed up and signed off when completed. The service has information around infection prevention and control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection prevention and 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. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene competencies. Resident education occurs as part of the daily cares. Posters regarding good infection prevention and control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The head of clinical governance and the infection prevention and control coordinator are involved in the procurement of high-quality consumables, PPE, and wound care products with the support from the clinical manager, village manager and Arvida Group. The head of clinical governance and head of clinical quality provide consultation during the design of any new building or when significant changes are proposed to an existing facility.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, clinical and staff meetings as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection prevention and control coordinator works in partnership with the general practitioner and nurse practitioner to ensure best practice strategies are employed at Queenstown Country Club Care Centre.</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 prevention and control programme and is described in the infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is displayed on staff noticeboards. Infection control surveillance is discussed at quality, clinical and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern are reported to the board. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection prevention and control audits are completed with corrective actions for areas of improvement.</p> <p>Arvida support office and Health New Zealand send email notifications and alerts from for any community concerns. There have been two outbreaks since the previous audit (Covid-19 in</p>

		<p>August 2024 and January 2025) which were managed appropriately. Affected residents were isolated, and staff who were in close contact with these residents wore PPE. Family/whānau were kept informed by phone or email. The care centre remained open; however, visitors were requested to sign in, limit their movements and wear appropriate PPE where necessary. The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned.' There were ready-made isolation kits and posters available to ensure consistency.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitisers, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training. Cleaning services are provided by dedicated staff seven days per week, and staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance</p>

		activities.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The service has a current restraint policy in place and aims to maintain a restraint-free environment. The governance group demonstrated a commitment to this, supported by the management team. There is no use of restraint. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board.</p> <p>The policies and procedures reviewed meet the requirements of the Standard. A registered nurse is the restraint coordinator who provides support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative culturally specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the clinical manager and the living well manager. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA</p> <p>Moderate</p>	<p>The care centre is across three levels and is divided into six households. On the ground floor is Earnslaw, (10 beds) the dementia household and one dual-purpose household (Manata, 10 beds), two dual purpose households (Tewa, 11 beds and Rees, 10 beds) are on first floor and two dual purpose households (Wallis, 11 beds and McKerrow, 10 beds) are on the second floor. The physical environment supports the independence of the residents. Each of the dual-purpose households have an open-plan lounge/dining area and kitchen. There are cooker hobs in the communal areas for families and wellness partners to utilise for activities; however, there were no risks identified in the hazard register or interventions</p>	<p>i). All rooms in the facility have locks and can be secured by residents from the inside. Each senior wellness partner and the registered and enrolled nurses have a master key to unlock the room; however, there was no clearly defined risk management plan documented to manage the risks and was not included in the hazard register.</p> <p>ii). The one resident in the Earnslaw unit whose family have requested their door to be locked whilst they are not in the room. There was no management plan documented around this environmental restraint.</p> <p>iii). Dual purpose households have cook tops in the common areas that can be accessed by residents which</p>	<p>i). – iii). Ensure there are robust risk management plans in place that clearly identify and manage risks in relation to management of locks on resident doors and cooker tops which are accessible to residents and visitors in communal areas.</p> <p>90 days</p>

		<p>documented to mitigate the risks.</p> <p>Resident rooms throughout the facility have locks fitted. Key members of staff hold the master key to disable these; however, as demonstrated on the day of the audit, not all locks were able to be disabled. One residents room was locked in Earnslaw household (at family request); however, the management of this was not clearly identified in the care plan. One member of staff is on duty at times in the Earnslaw household. Since the audit, extra master keys have been ordered so all staff have the ability to disable locks on resident doors if required.</p> <p>Since the audit, the following corrective action has been implemented.</p> <p>All residents' rooms throughout the care centre have been checked that doors can be opened from the inside by residents when the door is locked, maintenance will check six rooms at random each week will be checked that this is still the case. This will be done at the same time as the hot water and room temperature checks are carried out. Cook tops in common areas will have a key lock in place to isolate hobs and oven from being turned on by accident. Electrician has ordered the locks and should be in place within the next month, as these items are not in stock.</p>	<p>aligns with the Arvida wellness model of care; however, there was no appropriate risk management plan documented which identified and manged risks and was not identified in the hazard register.</p>	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.