

# Aria Bay Senior Living Limited - Aria Bay Retirement Village

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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>	Aria Bay Senior Living Limited
<b>Premises audited:</b>	Aria Bay Retirement Village
<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: 25 March 2025 End date: 26 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>	53

# 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
Yellow	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
Red	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

Aria Bay Retirement Village provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 59 residents. At the time of the audit there were 53 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. 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 nurse practitioner.

The village manager is supported by a clinical manager and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers and to the clinical manager.

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.

This certification audit identified a shortfall related to neurological observations.

## 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.



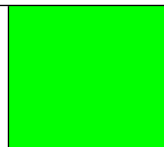
Subsections applicable to this service fully attained.

Aria Bay Retirement Village 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 with Avida support office staff to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service partners with Pacific communities to encourage connectiveness.

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 and concerns are actively managed as they arise.

## 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 includes a mission statement and operational objectives. 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. Internal audits are

documented as taking place as scheduled, with corrective actions documented as required. A health and safety programme is implemented. Hazards and risks are managed appropriately.

There are human resource policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and induction programme 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, with competencies for wellness partners and registered nurses completed annually. The organisational staffing policy aligns with contractual requirements and meets the needs, numbers and acuity of residents. Residents and family/whānau confirmed 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.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted nurse practitioner who visits twice a week and is available on call after hours. 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 in 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, including outings in the van.

All food and baking is prepared and cooked on site by a qualified chef. Dietary preferences, allergies, intolerances, cultural and specific needs are catered for. The menu has been reviewed by a registered dietitian. The food control plan is implemented and snacks are available.

There is a process in place for the safe transfer and discharge of residents.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. 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 area 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 and civil disasters through training and sufficient supplies. There is always at least one staff member on duty with a current first aid certificate. Call bells are readily available to residents at all times.

## **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 management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidenced that relevant infection 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.

The policy and procedures for restraint minimisation and safe practice align with the Standard. Staff have ongoing training in alternative strategies to restraint and the least restrictive practice. There is a designated restraint coordinator who reports to the clinical manager and village manager. There is no use of restraint.

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the organisation. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this 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. The clinical manager (CM) states that this would be implemented if Māori were to be admitted to Arvida Aria Bay Retirement Village (hereafter Aria Bay). There were no residents who identify as Māori in the service, at the time of the audit.</p> <p>Aria Bay is committed to respecting the self-determination, cultural values, and beliefs of Māori residents, family/whānau, as evidenced in interviews with registered nurses (RNs), wellness partners and other staff and through documentation. The registered nurses and wellness partners understood the need to ask the resident and family/whānau if there were any cultural needs and gave examples of cultural interventions should Māori be admitted. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. Managers and staff have</p>

		<p>participated in training and education around Te Tiriti o Waitangi, with cultural competencies completed by all staff.</p> <p>The relevant manager responsible for interviewing staff would interview Māori applicants when they apply for employment opportunities at Aria Bay. At the time of the audit there were no staff who identified as Māori. The village and clinical manager confirmed the service is embedding Te Tiriti o Waitangi through the activities programme and with advice from support office, including the Māori advisor.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisor which confers on and provides support for any cultural issues arising from Villages. There is also a clinical governance group at support office to provide advice on matters where policy or practice change may be required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Management interviewed advised that family/whānau of Pasifika residents 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. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, response to satisfaction of the service and recognition of cultural needs.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan to ensure equity and positive wellbeing outcomes for Pacific residents. The organisation has a contracted Pasifika advisor, and the managers state that there is a meaningful and collaborative working relationship with the Pasifika advisor. The clinical manager at Aria Bay has links with the Pacific community and is comfortable accessing these links if needed. There are no staff who identify as Pasifika.</p> <p>The management team interviewed (head of clinical quality, village</p>

		<p>manager [VM] and clinical manager [CM]) were able to confirm how Aria Bay is trying to increase the capacity and capability of the Pacific workforce through equitable employment processes. The service was not actively recruiting wellness partners at the time of the audit and on review of employment documentation, there was evidence of equitable employment processes.</p> <p>Interviews with residents and family/whānau identified that staff put residents, family/whānau and the community at the centre of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in 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 CM and RNs 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. Eight residents (four at rest home level of care and four hospital) and ten family/whānau (three rest home, five hospital, and two dementia) interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, and all resident are invited to attend the various denominations. 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 understanding the role of advocacy services, maintaining dignity, respect, and autonomy. Advocacy services are linked to the complaints process.</p> <p>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. Staff interviewed (six wellness partners, two registered nurses [RNs], one educator, one wellness leader, kitchen manager, laundry assistant,</p>

		one housekeeping, maintenance manager) could describe implementation of rights as per the Code and policy.
<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>	FA	<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.</p> <p>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. Satisfaction survey results published in 2024 confirmed that residents and family/whānau are highly satisfied, with a net promoter score (NPS) of 49 (the same as in 2023). This was also confirmed during interviews with residents and family/whānau.</p> <p>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 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 reflect the use of te reo Māori and are sharing knowledge around the values</p>

		<p>underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo Māori, 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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. Employment processes reviewed evidence staff are held accountable for their workplace conduct through a fair employment performance review process with support from the Arvida operations manager, regional managers and 'the people' (HR) team.</p> <p>The organisation raises awareness and educates staff on institutional racism and equity through in-services and part of the induction process. 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 being there, look for a way, creating communities with freedom to thrive and in it together. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that staff are very caring,</p>

		<p>supportive, and respectful.</p> <p>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>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>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. Eighteen electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. 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.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, Aria Bay has appropriate communication strategies in place for staff members should any resident require support.</p> <p>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</p>

		<p>agreement.</p> <p>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. Clinical review meetings are held weekly. 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. Family/ whānau are invited to attend the six-monthly care plan review meetings.</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 to meet the requirements of the Code. 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 such as vaccinations. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and to provide personal cares.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (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. All residents in the dementia unit have an identified EPOA that is activated.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed</p>

		<p>incompetent to make a resuscitation decision, the nurse practitioner (NP) 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 their relative's lives. 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 the training schedule via the electronic learning platform.</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 VM maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically, and in hard copy. There have not been any complaints made in 2023, 2024 or in 2025.</p> <p>The VM stated all complaints (if any) shall be addressed and resolved in accordance with the Code and complainants will be involved and kept informed throughout the process. There was one historical complaint (prior to the last audit) from the Health and Disability Commissioner (HDC) which is still open and waits for closure from HDC. Residents and family/whānau interviewed all stated that there was no reason for them to complain and that managers and RNs dealt with any concerns as soon as these were identified.</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, chaired by the</p>

		<p>wellness leader. The village manager, and/or clinical manager are present during a portion of the meeting.</p> <p>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>Aria Bay is part of the Arvida Group. The service is certified to provide rest home and hospital (medical and geriatric) care for up to 59 residents, including 40 dual purpose studio suites and 19 beds for residents requiring dementia level of care. At the time of the audit there were 53 residents. Of the 53 residents, there were 16 rest home residents, including one young person on a young person with a disability (YPD) contract; 22 residents requiring hospital level of care (including one under an Accident Compensation Corporation [ACC] contract); and 15 in the dementia unit. All other residents were under the age-related residential care contract (ARRC).</p> <p>The Arvida Group Limited Board of Directors is an experienced, independent, and talented 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. The Executive team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as part of their core competencies as viewed in the business documents.</p> <p>There are various groups in the support office (intentionally not termed head office) who provide oversight and support to the village managers. These include the wellness and care team, operations</p>

	<p>(including regional managers), the people team (including the health and safety [HR] manager), information technology, finance and accounts. The wellness and care team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa sections and referenced to legislation where appropriate. The team also supports colleagues in Arvida communities to constantly reflect upon and develop their practice to Ngā Paerewa, legislative requirements, guidance and expectations. This team leads the Attitude of Living Well across the communities to ensure resident experience aligns with the Arvida mission and vision (documented). Innovation is encouraged, with an emphasis on the local cultures and contexts of Avida communities.</p> <p>The Executive team has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. 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, village manager, clinical manager representative, expert resident, and wellness leader representative. Clinical governance ensures a coordinated 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). Arvida has a Māori Advisory Group and Arvida Māori cultural advisor, and they 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 Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the monthly resident and family/whānau meetings and six-monthly case</p>
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	<p>conferences.</p> <p>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 working practices at Avida are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for family/whānau are provided through general feedback, surveys, meetings and the complaints process to participate in the planning and implementation of service delivery.</p> <p>The operations team provides support, mentoring and are a direct liaison on operational matters for VMs. The regional managers report through to the general manager of operations and executive teams through to the Board. The people and culture team lead the people and culture portfolio, develop and review the HR compliance and provide support to VM's and care communities with employment relations, the IT team, health and safety, and pandemic leadership. The finance team provides financial governance and support for budget planning and financial management. The village services team provide procurement support and property expertise, including refurbishment and facilities management expertise and guidance.</p> <p>There are clinical steering groups attended by the head of governance, and head of clinical quality and representation from all villages. Each group meets each quarter. Each clinical steering group has responsibility for a high-risk area (eg, restraint, medication, infection and wounds, clinical practice, falls). The minutes are sent to the clinical governance group and any issues or queries etc are discussed further. Minutes of the clinical governance group are fed through to the Board, with any serious issues or policy changes escalated following the discussion. A term of reference for the clinical group is documented. KPIs are discussed at this meeting, as well as at the Wellness and Care team meetings held weekly; KPIs are discussed at the annual strategy planning meeting and at the two meetings also held during the year. KPIs identified in the strategy are across all aspects of the business, including clinical, financial, procurement, operations, and staffing.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Aria Bay has a quality and risk management programme in place which 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. Policies and 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>Regular quality (improvement) meetings, clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection prevention and control/outbreak strategies; complaints received (if any); cultural</p>

	<p>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. Evidence of progress on corrective actions and sign off when achieved, are documented. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality and staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family/whānau evidenced in meeting minutes. The results evidence residents are very satisfied with the care they receive.</p> <p>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. There is a monthly health and safety national group meeting with feedback on data, trends and learnings to relevant meetings. The health and safety committee is representative of all departments in the facility, with the maintenance manager identified as the health and safety representative. Hazard identification forms and an up-to-date hazard and risk register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including SAC (Severity Assessment Code) reporting requirements. There have been four notifications to HealthCERT under Section 31 of the Health and Disability Services (Safety) Act 2001 related to one fall, two pressure injuries and one related to a shift with staff RN shortages. There</p>
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		<p>have been no SAC reports required to be submitted to the Health Quality and Safety Commission (since July 2024).</p> <p>Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo Māori, 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 (PowerBI) 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. Business plan goals are documented and reviewed quarterly.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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. Separate cleaning staff and laundry staff are employed seven days a week. The VM and the CM work 40 hours per week from Monday to Friday. In the temporary absence of the VM, the CM will perform the manager's role.</p> <p>The CM is rostered to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated 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 with some face-to-face training. Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation.</p> <p>Registered nurses' complete competencies including medication</p>

	<p>administration, controlled drug administration, syringe driver, restraint, moving and handling, and the interRAI assessment competency. Wellness partners are required to complete annual competencies for restraint and moving and handling competencies. A selection of wellness partners have completed medication administration competencies. A record of completion is maintained on an electronic register.</p> <p>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. The education and training schedule has been fully implemented with high completion numbers documented. The educator (interviewed) supports the implementation of the education and training plan. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information through discussion of data extracted from PowerBI.</p> <p>The service has a total of 77 staff (excluding casual staff who are able to support various roles across the service). There are 40 wellness partners employed in total. Aria Bay supports all employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 31 wellness partners who have completed level four, and eight who have completed level three (all with dementia training). Wellness partners who have either a level three or level four NZQA qualification work in the dementia unit. The service currently meets the requirements of the ARRC clause E4.5.(f).</p> <p>There are eight RNs (including the CM), with five who have completed their interRAI training.</p> <p>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 Employee assistance programme (EAP). Staff could explain workplace initiatives that support staff wellbeing and a positive</p>
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		workplace culture.
<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>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files (CM, VM, kitchen manager, wellness leader, three RNs, two wellness partners) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who have been employed for more than a year have current appraisals 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 framework (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs, and wellness partners to provide a culturally safe environment for Māori.</p> <p>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. Currently 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>	FA	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

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>securely in locked offices and cupboards. There is a process for older files are 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.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. 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. An initial care plan is also developed in this time. 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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 include a requirement to be needs assessed for rest home, hospital or secure dementia level care. Authority from the needs assessment and service coordination team (NASC) were sighted in resident files. There is accurate information about the facility and services available on the Arvida website and in an information pack. Entry criteria are 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 feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, family/whānau 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>Information from enquiry forms is entered into a database so Arvida can monitor entry and decline rates. This data includes ethnicity. At the time of the audit there were no residents who identify as Māori, but staff confirmed they would contact the Arvida Māori cultural advisor to ensure Māori entering the service could access Māori health practitioners, traditional healers and maintain links with their community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Eight resident files were reviewed including three dementia level, three hospital level (one on ACC funding) and two rest home level (including one YPD). Registered nurses are responsible for all assessments including interRAI assessments and care planning. Initial assessments, interim care plans, interRAI assessments and long-term care planning are done within the timeframes required by the ARRC. InterRAI assessments are completed for the resident under ACC funding and YPD.</p> <p>Medical assessments are completed by either the contracted nurse practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the nurse practitioner as a routine, or if their needs change, they are seen when needed. The nurse practitioner's practice provides 24-hour and seven day per week on-call services. The nurse practitioner was interviewed and expressed the senior registered nurses, including the clinical manager, provide excellent clinical oversight. The nurse practitioner stated staff contact them in a timely manner whenever there are changes in residents' health. Communication is effective as staff use the identify, situation, background, assessment and recommendation (ISBAR) tool for communication. 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. All about me includes cultural assessment and residents and family/whānau interviewed confirmed their input into this. Staff confirmed they could facilitate access to traditional Māori health practitioners as needed via the Māori cultural advisor. There is a</p>

	<p>contracted physiotherapist for eight hours per week to undertake assessments for mobility and provide individual exercises. 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. The care plans meet the residents' medical, physical, social and emotional 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 recorded on the e-case electronic system.</p> <p>Registered nurses and wellness partners described how they involve residents and family/whānau in implementing care plans. 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 and evaluation. Residents and family/whānau interviewed 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 resident's 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 case conferences for care plan reviews or to email any suggestions if they are unable to attend. 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.</p> <p>Where there are short-term needs such as wounds, the long-term care plan is updated, and the short-term need is closed when resolved. At the time of the audit there were 35 wounds being treated, including four pressure injuries (one resident with a stage I,</p>
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	<p>one resident with two stage II and one with a stage I). Other wounds include bruises, grazes, skin tears, and a surgical wound. Staff stated they can access the wound nurse specialist when needed and have had training in wound management. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed.</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. A multidisciplinary approach promotes continuity in service delivery, including the nurse 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, including (but not limited to) weight (monthly as a routine or more often if indicated); blood glucose; behaviour; positioning; bowels; food and fluids; falls risk; and pain if applicable. Review of resident's files with unwitnessed falls show six of eight did not have neurological observations completed within the requires timeframes and for the duration required by the policy (link 3.2.4). All incident reports reviewed evidenced timely nursing follow up.</p> <p>Staff confirmed if a resident identified as Māori, their care plan would be developed in collaboration with whānau to ensure it supports residents and family/whānau, as applicable, to identify their own pae ora outcomes to support their care and wellbeing. Staff have received training in tikanga principles. 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</p>
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		<p>family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<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>	<p>FA</p>	<p>The activities programme is delivered by wellness partners overseen by a wellness leader. The wellness leader works full time and has experience in being an activities coordinator in aged care. The programme is developed by the wellness leader on a weekly basis and tailored to the residents particularly in the dementia unit. 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>Review of the activities schedule shows meaningful activities are provided and include activities to meet resident's individual, social, cognitive and physical needs and include seated chair exercises; arts and craft; van outings twice per week (once for hospital and rest home and once for dementia level residents) to areas of interest; entertainers including a harpist and a singer; pet therapy; quizzes, word games and bingo; and church services. Te ao Māori is facilitated through the programme. Calendar events such as Waitangi Day, Matariki, Easter, Christmas, Te Wiki o Te Reo Māori and St Patrick's day are celebrated. Visits by children's groups occur regularly by a kindergarten and a kapa haka group from a local school. In the dementia unit, activities include tea parties in the garden, music, dance and joining in with all residents when visiting entertainers visit the facility.</p> <p>For those that choose not to participate in group activities, one to one activities are provided including painting, reminiscing, board games, and crosswords as examples. Residents participate in baking cookies weekly.</p> <p>Family/whānau take residents out, so they continue contact with their wider family/whānau and communities. For those that do not have family/whānau involved, staff confirmed they would facilitate access to the community on an individual basis.</p>

		<p>If there were to be Māori residents, staff would engage them by singing waiata, have one to one conversation and discuss their needs with family/whānau.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the activities provided. Families/whānau who live in the attached village confirmed they are also invited to attend outings with their loved one.</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 nurses and medication competent wellness partners; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in robotic 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. Imprest controlled drugs and new robotic packs are stored in locked medication rooms and controlled drug safes on each level of the facility.</p> <p>The controlled drug registers were reviewed and showed weekly counts, and each administration is signed by a registered nurse and either another registered nurse, or a medication competent wellness partner. Six-monthly stocktake and reconciliation is completed by the pharmacist. The medication rooms 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. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the nurse practitioner. Medications are reviewed three-monthly by the nurse practitioner, in collaboration with the registered nurse and resident and</p>

		<p>family/whānau.</p> <p>Sixteen electronic medication charts were reviewed on the electronic medication platform. All had photographic identification. Any allergies or sensitivities are recorded on the chart. A record 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) medication is administered as prescribed and the reasons and effects are documented in the progress notes. Arvida do not have standing orders. At the time of the audit there were no residents self-medicating, but there is a process to assess competency and have nurse practitioner approval if a resident wished to self-administer their medications. There are no vaccines kept on site.</p> <p>Staff interviewed confirmed they are aware of their obligation to provide appropriate support, advice and treatment for Māori if they have residents who identify as Māori.</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 is prepared and cooked on site. The kitchen manager is a trained chef and is assisted by a kitchen hand and a barista for the café. There is a cook on the weekends. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan was issued on 30 April 2024. The kitchen manager stated they had already undergone their audit and were awaiting the next food control plan certificate. 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 sighted on the wall of the kitchen.</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</p>

		<p>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 and were seated at small tables with other residents with similar dietary requirements. Where needed, staff discreetly assisted residents. The meal in the dementia dining room was observed; it was quiet with low stimulus.</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 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 a 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. Formal feedback is obtained at regular resident meetings.</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</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</p>

<p>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>hospital, the nurse practitioner is consulted, their family/whānau is informed and the registered nurse completes a set of transfer documents. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered 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, dentist 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>FA</p>	<p>The building has a current warrant of fitness that expires on 25 June 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 on 4 March 2025. Electrical appliances were tested and tagged on 17 June 2024. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. The maintenance manager works 32 hours per week and there is a part-time maintenance assistant. 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. Staff log maintenance and repair requests. The maintenance manager uses an electronic system to keep track of the maintenance plan and maintenance requests. Essential contractors such as plumbers and electricians are available 24 hours as required.</p> <p>The care centre is across three levels; the dementia unit is on the ground floor. Levels two and three are all dual-purpose care suites with rest home and hospital level residents. Each floor had two lounges, dining room and domestic style kitchen. There are lifts between the floors. The physical environment supports the independence of the residents, with adequate personal space that is safe and age appropriate. Communal areas are accessible areas to</p>

	<p>meet relaxation, activity, lounge, and dining needs.</p> <p>Corridors have handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in communal areas and care suites with mobility aids. All rooms have ensuites that are spacious and safely accessible with the use of a hoist, as observed on the day of audit. There is a call bell at the head of each bed space and in the ensuites.</p> <p>All resident rooms have external windows to provide natural light and have appropriate ventilation and individually controlled heating and cooling. The warrant of fitness for the facility vans and electric car used to transport residents for outings, are current. There are comfortable lounges and seating for communal gatherings and activities at the facility. Residents on levels two and three can readily access a balcony that has seating and shade. Furniture is well maintained, and seating is appropriate for the residents. Residents' rooms are personalised according to the resident's preference. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. There are nurses' hubs on each floor.</p> <p>The dementia unit is secure and requires electronic fob entry and exit. Care suites and communal lounge and dining areas are the same size as the other levels. Bathroom doors are identified in writing and pictures. Residents have ready access to a secure internal courtyard. There is a circular path and raised garden beds, ample seating and shade. There are quiet, low-stimulus areas that provide for privacy when required. Residents' bedrooms provided are single occupancy.</p> <p>All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms and kitchen. There are visitors' toilets on each level. The grounds and external areas are well maintained. Residents interviewed reported they were able to move around the facility and staff assisted them when required.</p> <p>The service has no current plans to build or extend the care centre; however, the VM confirmed there shall be consultation and co-design of the environments, to ensure that they continue to reflect the aspirations and identity of Māori. Residents and family/whānau interviewed expressed a high level of satisfaction with the</p>
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		environment.
<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>	FA	<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 8 August 2023. A fire evacuation drill is repeated six-monthly, with the last one being held in February 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Administrative staff check the civil defence supplies monthly. In the event of a power outage, Arvida Aria Bay has access to a generator via the support office. This was quickly delivered onsite during the Auckland Anniversary Day floods. There are sufficient food stocks for up to five days if needed.</p> <p>There are adequate supplies in the event of an emergency, including a 2500 litre water tank and barbeques for cooking. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There is an automated external defibrillator on site at reception. The call bell system is monitored for response times. Call bells are in each bedroom and ensuite, and these link to staff pagers. Residents were observed to have their call bells in close proximity and some residents have pendant call bells. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The dementia unit is secure. The building is secure after hours and staff complete security checks at night. 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>
Subsection 5.1: Governance	FA	The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size,

<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>complexity and degree of risk associated with the service. Infection control is linked into the business plan 2024-2025, electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. There is an infection control steering group with representatives from sister facilities and they meet monthly to support all villages. Infection control data is also sent to support office where it is reported regularly at Board meetings. Significant events are managed appropriately and receive the appropriate level of organisational support. Benchmarking occurs between other Arvida facilities.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme links to the business and quality plans. The implementation of the infection programme of 2024 has been reviewed in February 2025. The service has an outbreak plan and pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The clinical manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team which meets bi-monthly (meeting minutes sighted). Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. The 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. There are documented reporting lines to senior management for significant events.</p> <p>The infection control coordinator has completed online education related to their role through Health New Zealand. There is good external support from the NP, laboratory, Arvida Group support office and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE is</p>

	<p>available as required.</p> <p>The infection control manual outlines a 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 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. The service incorporates te reo Māori information around infection 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.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19, and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the VM and Arvida Group. The infection control coordinator, with support from the Arvida Group, will be involved in the design when significant changes are proposed to the existing</p>
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		facility.
<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>	FA	<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 control coordinator works in partnership with the NP to ensure best practice strategies are employed at Aria Bay.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection 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 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 control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida support office and Health New Zealand for any community concerns. There have been two outbreaks since the previous audit (Covid-19 in July 2024 and December 2024), which were managed appropriately. There were ready-made isolation kits and posters</p>

		<p>available to ensure consistency. Affected residents were isolated, and staff who were in close contact with these residents wore PPE. Residents and staff completed rapid antigen tests (RAT) during the Covid-19 outbreak. 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.</p> <p>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.'</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 sanitizers, a stainless-steel bench, a sink, and separate handwashing facilities. Eye wear 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, and 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</p>

		environment during construction, renovation, and maintenance 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. Its aim is 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. They provide 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 village manager. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, 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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are</p>	PA Low	<p>In assessing and monitoring residents, the following monitoring charts are completed, including (but not limited to) 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. The clinical manager stated they had identified that neurological observations were not being completed as per the policy and had raised a corrective action. Previously the wellness partners were allocated the task of completing neurological observations following an unwitnessed fall, but this was now required to be done by the registered nurse, so that residents received ongoing and comprehensive assessment by a registered health</p>	<p>Six of eight events did not have neurological observations completed within the timeframes required and for the duration required by the policy.</p>	<p>Ensure neurological observations are completed as per the policy.</p> <p>90 days</p>

<p>an ongoing process and that any changes are documented.</p>		<p>professional. Not all unwitnessed events had the required neurological observation frequencies completed for the required duration stated by the policy. Initial post falls assessments were completed by the registered nurse and family/whānau were appropriately notified.</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.