

Radius Residential Care Limited - Radius St Allisa

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius St Allisa

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care

Dates of audit: Start date: 20 February 2025 End date: 21 February 2025

Proposed changes to current services (if any): None.

Total beds occupied across all premises included in the audit on the first day of the audit: 106

Executive summary of the audit

Introduction

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

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

General overview of the audit

St Allisa Lifecare is part of the Arvida Group and provides hospital (geriatric and medical), rest home, dementia and residential disability services (physical) of care for up to 109 residents. At the time of the audit there were 106 residents.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 20 & 21 February 2025, and the consequent audit report was utilised as part of this provisional audit. The certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

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

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

This certification audit identified an improvement required around the management of medication.

The prospective provider is an organisation who have been operating for 21 years and own 23 other Aged Care facilities providing: rest home, hospital, rest home dementia, psychogeriatric, YPD, respite, palliative care. A transition plan is documented and provides a detailed account of the three month transition phase. The prospective provider have robust policies, procedures and electronic resident management and quality systems in place. There are no immediate plans to change the environment. The planned takeover date is 31 May 2025.

Ō tātou motika | Our rights

St Allisa Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support and encourage a Māori worldview of health, and provide high-quality and effective services for residents.

The service has links with a local Pacific community group 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 processes are implemented, and complaints and concerns are actively managed, and well documented.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes vision, mission, values, strategic direction and site-specific goals. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resource policies, including recruitment, selection, orientation and staff training and development. A role specific orientation programme and regular staff education and training are in place. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported.

The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

The wellness leader, and wellness partners (caregivers) provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

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

Planned discharges or transfers were coordinated.

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

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas with safe access to the outdoors seating and shade. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides resources to inform

the staff. 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 last audit, which has 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

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	170	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their 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 service currently has residents that identify as Māori. St Allisa Lifecare is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau.</p> <p>The village manager interviews all suitably qualified Māori applicants when they apply for employment opportunities at St Allisa Lifecare. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori.</p> <p>Arvida has a Māori Advisory Group which confers on and provides</p>

		<p>support for any cultural issues arising from Villages. The advisory group also consults with the Health Equity Group on matters where policy or practice change may be required. St Allisa Lifecare maintains contact with a kaumatua from a local marae who is available to support the service in meeting the needs of residents who identify as Māori when required. There are authentic partnership with Kaumatua Kaitautoko at Health New Zealand.</p> <p>Twenty-seven staff interviewed including eleven wellness partners (caregivers), eight registered nurses (RN), two clinical coordinators, one wellness leader, one kitchen manager, one maintenance supervisor, two cleaner, and one laundry assistant confirmed all cultures were treated equally and welcomed to the workplace. Wellness partners and the wellness leader were able to describe how care is based on the resident's individual values, preferences, and beliefs.</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>There were residents that identified as Pasifika at the time of the audit. Management interviewed advised that family/whānau of Pacific residents are 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, 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 and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pacific communities to produce their Pacific health plan. St Allisa Lifecare has links with a local Pacific community group through current staff members who identifies as Pasifika.</p> <p>The management team, including the village manager and clinical manager were able to confirm how St Allisa Lifecare is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service is actively recruiting</p>

		staff and on review of onboarding documentation, there was evidence of equitable processes.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in 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 clinical manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Interviews with seven residents (two rest home, one hospital and four younger residents [three hospital and one rest home]) and twelve family/whānau (one rest home, two hospital, five from the dementia unit and four family/whānau of younger persons with disability [three rest home and one hospital]) identified that staff put residents, family/whānau and the community at the centre of their services. There are links to spiritual supports. Regular chaplain visits offer advocacy and spirituality support. There are links to spiritual supports. Regular chaplain visits offer advocacy and spirituality support.</p> <p>All residents are invited and supported to attend if they so wish. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Interview with the prospective provider confirmed residents rights will continue to be upheld. The prospective provider has policies and procedures in place. The Code of consumer rights training incorporated in annual training calendar. Information relating to Code of Consumer rights are available to all residents and family members on admission and during their residence.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect.</p> <p>Satisfaction surveys completed, confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. 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. The residents and family/whānau interviewed by the consumer auditor stated their level of independence, choice, sexuality and current abilities are respected.</p> <p>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 family/whānau involvement and is integrated into the residents' care plans. 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, considering aspects of signage that reflect the use of te reo Māori, and are sharing knowledge around the values underpinning tikanga principles. Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and</p>

		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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is implemented. One aim of the staff handbook is to provide guidance on the prevention of 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. Training on workplace conduct, bullying and harassment has taken place in 2024. The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. Staff interviewed reported 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 'Look for a way, Being there, In it together' with the purpose to create communities with the freedom to thrive.</p> <p>These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity.</p> <p>All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of</p>

		<p>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 regarding the service is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau or next of kin of any accident/incident that occurs. Correspondence with family/whānau is recorded in the resident's progress notes and accident/incident forms. Twenty accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated.</p> <p>At the time of the audit, there was one resident who did not speak English. Wellness partners interviewed explain the appropriate communication strategies in place to support the resident. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. The delivery of care includes a multidisciplinary team approach. The managers 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 case conference meetings six monthly. Younger residents and family/whānau of younger residents interviewed by the consumer auditor stated their communication needs are met, and they are supported with their communication devices when needed.</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 which are understood by staff. Informed consent processes are discussed with residents and family/whānau on admission. Seven electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by resident or their enduring power of attorney (EPOA) for procedures such as influenza, Covid-19 vaccines and other clinical consent. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the 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 is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity is on file.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. There is 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 the wellness partners and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RNs, clinical coordinator and clinical manager interviewed have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for</p>
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		collective decision making. Support services for Māori are available.
<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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written using a complaint register. This register is stored electronically. There have been sixteen complaints made since the last audit: four in 2023, eleven in 2024 and one in 2025 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>One complaint was made through Health and Disability Commissioner (HDC) has been investigated by the service and they are awaiting a response from HDC. 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. Complaints links to the Nationwide Health and Disability Advocacy Service.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, which is chaired by the village manager, supported by clinical manager and wellness leader. The village manager and/or clinical manager are present during a portion of the meeting. Family/whānau confirmed during interview the management team are available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter's contact details are available. The village manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation. All staff completed training in complaint management in 2024.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>St Allisa Lifecare is part of the Arvida Group and provides care for up to 109 rest home, hospital (geriatric and medical), residential disability - physical and dementia level care residents. There are five double rooms of which had single occupancy at the time of the audit. All 89 hospital and rest home beds are dual purpose and there are 20 dedicated dementia beds. There were 106 residents in total across six wings. There were ten younger persons with a disability (YPD) and four residents on long term support chronic health conditions (LTS-CHC) contracts. All other residents were on the aged related residential care (ARRC) agreement.</p> <p>In the Ashley wing (19 beds); there were seventeen hospital residents and one rest home resident. In the Waiau wing (10 beds), there were ten hospital residents. In Rakaia wing (25 beds), there were six hospital residents and eighteen rest home residents. In Selwyn wing (14 beds), there were six hospital residents and eight rest home residents. In the Hurunui wing (21 beds), there were nineteen rest home residents and one hospital resident. In the Waimarie wing (20 bed secure dementia unit) there were 20 dementia residents.</p> <p>Arvida group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care, this puts the resident at the centre of care, directing care where they are able and being supported by and with whanau as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is responsible to ensure the goals are achieved and record progress towards the achievement of these goals. Arvida group's board of directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO) and chief financial</p>
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	<p>officer (CFO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team and regional managers.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from the operations team, which includes three regional managers providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensures the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at St Allisa. The Executive team have 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. Arvida has a contracted Māori consultant who has been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant and education with staff at all levels, to ensure an increased awareness in cultural safety. The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, clinical manager representative, expert resident, and wellness leader representative</p> <p>Clinical governance ensures a co-ordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Clinical Governance Group are incorporated into regular reports to the chief executive officer (CEO). The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p>
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	<p>Strategic direction and goals are regularly reviewed. The working practices at St Allisa Lifecare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. There is a Māori Advisory Group, which have confirmed terms of reference available and support any cultural issues arising from the villages and consult on matters where policy or practice change may be required.</p> <p>The Arvida Living Well Community FY2025 business plan is specific to St Allisa Lifecare and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training. Through implementation of the Attitude of Living Well framework and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are respectful of the resident's preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. Every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The village manager (non-clinical) has been in the role for three years and oversees the implementation of the quality plan. The village manager is supported by an experienced clinical manager who has been in the role for three years and at Arvida St Allisa for fifteen years. The clinical manager is responsible for regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk. The village manager and clinical manager are supported by three clinical coordinators and an experienced care team. The head of clinical quality was present on site at the time of the audit and is involved in</p>
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		<p>the clinical effectiveness at St Allisa Lifecare to maintain a high standard as expected from the Arvida Group.</p> <p>The village manager and clinical manager have completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</p> <p>The prospective provider is an organisation who have been operating for 21 years and own 23 other Aged Care facilities providing: rest home, hospital, rest home dementia, psychogeriatric, YPD, respite, palliative care. There is an established Board of Directors, Senior Leadership Team and Operations Team to support Facility Manager. All are knowledgeable of the legislative and contractual requirements of owning and managing an aged care facility. No changes to Governance structure will be required. The prospective provider have robust policies, procedures and electronic resident management and quality systems in place which will be implemented during the transition phase.</p> <p>A transition plan is documented and provides a detailed account of the three month transition phase and will be managed by a dedicated project manager to ensure smooth transition over to the prospective providers systems. Transition plan includes communication with staff, residents and family members, imbedding Radius policies, documentation and processes. There are no immediate plans to change the environment. The planned take over date is 31 May 2025.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems</p>	<p>FA</p>	<p>St Allisa Lifecare has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and 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. Monthly quality meetings, RN/clinical, and staff (wellness partners)</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the resident and family/whānau satisfaction survey (November 2023) reported satisfaction with the service being provided. Corrective actions were implemented around the food services and activities programme. Results were communicated to staff, residents and family/whānau as evidenced in meeting minutes reviewed.</p> <p>The Arvida health and safety programme is Accident Compensation Corporation (ACC) accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in eighteen electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard. Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan to ensure a high-quality service is</p>
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		<p>provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements to the Health Safety and Quality Commission. Section 31 notifications have been submitted appropriately since the last audit. Two outbreaks have been recorded since the last audit and reported as required.</p> <p>The prospective provider advised there is an annual business/quality plan developed for St Allisa. The prospective providers current policies and procedures align with Nga Paerewa standards and have been audited since introduction in January 2023. Regular reviews occur to ensure these are reflective of current practice and legislation. No changes to policies are expected other than scheduled reviews. The prospective provider have an organisational quality management system which will be implemented during the transition phase. Continuity will be maintained through implementation of the transition plan and project team. The prospective provider obtains ethnicity data for all residents and benchmark within the organisation. Ethnicity data assists with provision of equitable services for all residents residing in their facilities. The prospective provider has robust systems in place to manage incidents and reporting of essential notifications including reporting to the Health Quality and Safety Commission.</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</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. The village manager and clinical manager both work fulltime from Monday to Friday. They are supported by three fulltime clinical coordinators. In the temporary absence of the</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>	<p>village manager, the clinical manager will who perform the manager's role.</p> <p>The clinical manager and clinical coordinators are 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. Separate cleaning staff and laundry staff are employed seven days a week. 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 through Altura and each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. The registered nurses' complete competencies including (but not limited to): medication administration, controlled drug administration, syringe driver, and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, moving and handling, and cultural competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. Training includes topics related to the principles of enabling good lives (EGB) eg diversity, choice and self-determination and promotion of independence. 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.</p> <p>The service has a total of 120 staff in various roles There are 68 wellness partners employed in total. St Allisa Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Fifty wellness partners have achieved either a level three or level four NZQA qualification. Fifteen wellness partners work in the dementia unit; of whom, thirteen have attained their dementia</p>
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		<p>standards and two are in progress of completing both started recently. There are 14 RNs (including clinical manager and three clinical coordinators) and one enrolled nurse (EN); 13 of the RNs have completed their interRAI training. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p> <p>The prospective provider is aware of staffing rationales to provide high quality care. The prospective provider has a staffing levels and skill mix policy in place. Any changes to staffing or rostering will be managed through the correct processes to align with contracts and legislation. All existing St Allisa staff contracts will roll over and be honoured by the prospective provider. The prospective provider manages after hours on call services through the regional teams who rotate. There is also a national on call shared by the regional managers for any clinical and operational issues that arise after hours.</p> <p>The prospective provider has a comprehensive education plan which includes all mandatory training and exceeds the required eight hours. The education plan also includes specific training tailored for residents with dementia and disabilities. The prospective provider has processes in place to manage staff wellbeing.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Eleven staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff who had been employed for over 12 months have an annual</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>appraisal on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction, which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently, Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p> <p>The prospective provider has a human resource team who are involved in providing existing staff with new contracts and job descriptions. The prospective provider has robust orientation processes in place for staff in all roles.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy, when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference. The resident files are appropriate to the service type and demonstrated service integration.</p> <p>Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is</p>

		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>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is a policy for managing inquiries and entry into the service. Entry criteria includes a requirement to be needs assessed for rest home, hospital, young persons with disability or secure dementia level care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Arvida website and in an information pack. Entry criteria is communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the staff will complete an enquiry form and discuss their needs. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. Residents and families/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, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer.</p> <p>Arvida monitor entry and decline rates. This data includes ethnicity. The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my</p>	FA	<p>Eleven resident files were reviewed including three dementia level, four hospital level (one resident on a YPD contract and one resident on a LTS-CHC contract) and four rest home level (one on LTS-CHC</p>

<p>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>funding). Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the wellness leader has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, interim care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. InterRAI assessments are not completed for the residents under YPD and LTS-CHC funding.</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. Residents on YPD and LTS-CHC contracts have a suite of assessments completed. The younger resident on a YPD contract's care plan integrated normal routine, hobbies and social wellbeing. The residents (interviewed by the consumer auditor) described how the service supports them to maintain family/whānau relationships. Care plans are comprehensive and include the goals and aspirations of residents and describe the interventions required to achieve these.</p> <p>Residents with dementia have a behavioural support plan in that describe the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics. Prevention-based strategies for minimising episodes of challenging behaviours are documented and include a description of how the behaviour of the resident is best managed over a 24 hour period.</p> <p>Medical assessments are completed by the contracted general practitioners, or the residents own general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen as required. The service is supported by two GPs from the same practice who provide cover for each other as required. The general practice provides services during working hours and can be contacted evening and weekends if required. A</p>
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	<p>24/7 after hours clinic is located a short distance from the facility and provides alternative on call services. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes. The registered nurse and wellness leader complete a form titled “all about me” to identify residents’ interests, preferences, previous occupation and significant people and events and this is used to develop a plan for meaningful activities.</p> <p>Residents who have a diagnosis of dementia has a description of the activities that meet the resident's needs in relation to individual, diversional, motivational, and recreational therapy during the 24 hour period. All about me includes cultural assessment and residents and family/whānau interviewed confirmed their input into this. The service facilitates access to traditional Māori health practitioners as needed. There is a contracted physiotherapist onsite for four hours twice per week to undertake assessments for mobility. They are supported by senior wellness partners who also provide a physio assistant role Their recommendations contribute to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist, dietitian and nurse specialists from Health New Zealand.</p> <p>Registered nurses and wellness partners described how they involve residents and family/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents’ change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents’ goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are communicated to wellness</p>
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	<p>partners. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Long term care plans are living documents and acute changes such as wounds and infections are added to the long term care plan and resolved when the issue resolves.</p> <p>Adequate dressing supplies are available in treatment rooms. Wound management policies and procedures are in place. At the time of the audit there were 33 wounds being treated including three pressure injuries. The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photos are taken to evidence progression or deterioration of the wound. Wound evaluations are documented. Advice can be sought from the wound care specialist where required. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources.</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, daily by the registered nurse for hospital level residents and weekly by the registered nurse for rest home and dementia level residents but more frequently if there are issues or concerns. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, wellness partners, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; food and fluids; falls risk; and pain if applicable. For residents with dementia behaviour monitoring charts are also completed. Neurological observations are completed at accepted timeframes and duration for unwitnessed falls or head injuries. All incident reports reviewed</p>
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		<p>evidenced timely nursing follow up.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, Rongoā and spiritual assistance. Cultural assessments are completed.</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 overall programme has integrated activities that are appropriate for all residents. The activities programme is supported by the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The programme allows for flexibility and resident choice of activity. The wellness leader is a registered diversional therapist and has extensive experience with dementia residents. The programme is developed by the wellness leader on a monthly basis and tailored to the residents particularly in the dementia unit. The fortnightly activities plan is posted on walls throughout the facility and printed out monthly for residents and included with the newsletter. Feedback on the activities programme is sought at monthly wellness meetings and individually. Examples of feedback from residents include a recent discussion and survey of summer menu preferences. The facility has a Facebook group where special events and celebrations are shared with family and friends.</p> <p>St Allisa Lifecare has embedded their pillar model of care with the establishment of resident led groups focusing on eating well, thinking well, engaging well, moving well and resting well. On interview, residents spoke positively of their engagement in these groups and shared successes such as the thinking well group</p>

	<p>revamping how to use Matariki to commemorate those who have passed since the last Matariki, share kai and plan for the future year ahead. Moving Well has introduced line dancing and the Whoa-to-Go strength training sessions specifically targeting those who are at risk of falling. Eating Well team have successfully introduced a greenhouse used for growing herbs and vegetables and the group was involved in choosing and voting on the options to be included in the summer/winter menus. Engaging Well orchestrated a series of successful Grand Story Times events where residents connect with local school children through a Christchurch library event. Resting well introduced aromatherapy options for residents and learnt about hand massage techniques for relaxing.</p> <p>Review of the activities schedule shows the following is provided: walking groups; exercise sessions; newspaper reading; housie; word games; van outings; bowls; happy hour; wellness pillar meetings; hand massages; entertainers; golf; card games; monthly birthday celebrations; quizzes and bingo; movies and church services. St Allisa Lifecare has recently introduced evening activities which are resident led and include word games and special events such as watching rugby games together. Volunteer visitors include one who provides one on one services in the dementia unit, an emotional support animal volunteer from the therapy dog association and church visitors.</p> <p>Calendar events such as Waitangi Day, Matariki, Easter, Christmas, Te Wiki o Te Reo Māori and nurses' day are celebrated. Matariki celebrations include a ceremony to farewell individual residents who have passed away in the last year. Visits by entertainers, and preschool children's groups occur regularly in the dementia unit activities include garden activities; cooking and baking; music; dance; and joining in with all residents when visiting entertainers visit the facility. Māori residents are offered opportunities to enjoy Māori music and staff engage them by singing waiata, having one to one conversation and including whānau in identifying cultural opportunities. Residents shared in an authentic hangi meal which included a van outing sharing preparation of food and placing the food in the hangi.</p> <p>For those that choose not to participate in group activities one to</p>
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		<p>one activities are provided including nails and massage, chats, garden walks, knitting, board games and crosswords as examples.</p> <p>Younger residents are supported to attend community events such as swimming, social events at the local and visits to the “Good Friends club” held at a neighbouring village which provides opportunities for younger people to meet in a café environment.</p> <p>Many families take residents on outings, so they continue contact with their wider family/whānau and communities. For those that do not have family, staff confirmed they would facilitate access to the community on an individual basis. Residents and family/whānau interviewed expressed satisfaction with the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Medication management policies are safe and meet 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. are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked trolleys. All stock medications are stored in locked medication rooms.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range, medication room temperature between 17 to 20 degrees Celsius and refrigerator temperatures between two to five degrees Celsius. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Policy requires eye drops and liquid medications to be dated when opened and discarded as per the manufacturer’s instructions; however, on the day of audit it was observed that this was not always adhered to. Medications are reviewed three-monthly by the general practitioner, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Twenty-two electronic medication charts were reviewed, on the</p>

		<p>electronic medication platform (MediMap). All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was sighted. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. Arvida do not have standing orders. There are policies in place to facilitate a process for younger persons and other residents who wish and is competent to self-administrate medications.</p> <p>There is one resident in the rest home who self-administers all their medications and three who administer inhalers only. They have been competency assessed as safe to do this and their medicines were seen to be stored in a locked cabinet in their room. Medication self-assessments are completed as per policy. There are no vaccines kept on site. Over-the-counter medication and supplements are considered by the general practitioner and prescribed on the medication chart, including Rongoā Māori for Māori residents if applicable. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes.</p> <p>The medication rounds were observed in the dementia, rest home and hospital units and seen to be safe. Staff explained the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen manager oversees food services and has been in their role for three weeks. The kitchen manager is a chef and stated their orientation has been comprehensive. They are supported by three other cooks, two kitchen assistants and four kitchen hands to cover the roster over seven days. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida ‘Eating Well’ requirements. The menu provides options for residents to choose from for lunchtime and tea meals. There is a buffet style breakfast provided. Food</p>

	<p>preferences and cultural preferences are encompassed into the menu (eg, hangi, fried bread) and the regular weekly cultural themes. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager attends the household meeting to hear the feedback around the food services. Nutritional snacks are available 24/7 in all households.</p> <p>The menu provides pureed/soft meals, as well as gluten free options. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a free standing fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves as appropriate. There is a verified food control plan expiring 14 June 2025.</p> <p>Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are served directly from the kitchen to the residents in the dining area on the ground floor. Food is transported to the servery areas and dining rooms in hot boxes on the first floor, served directly to the adjacent dining room from kitchen on the ground floor and served from a bain-marie in the dementia unit. For those residents in the rooms, food is plated, covered to keep the food warm, transported to the rooms and served by staff to residents, according to the choices the residents have selected. Food temperatures are consistently recorded for all meals. Residents may choose to have their meals in their rooms. The dining rooms are spacious and provide ample space for residents using mobility aids. There is plenty of space for residents with power chairs to move safely within the dining room.</p> <p>Residents provide verbal feedback on the meals through the eating</p>
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		<p>well committee meetings (resident led). Resident preferences are considered with menu reviews. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss or unexpected weight gain. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes. The meal services in the dining room of the dementia unit was observed to have a pleasurable environment during the lunch meal observed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital.</p> <p>Relevant documentation sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Residents' needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included a referral to the dietitian and speech language therapist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
Subsection 4.1: The facility	FA	The building has a current warrant of fitness that expires on 1

<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>March 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 24 January 2025. Electrical appliances were tested and tagged on 4 November 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 40 hours per week and there is a full time. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The maintenance manager uses an electronic system. The maintenance plan is developed by Arvida and tailored to the site at St Allisa Lifecare. Staff log maintenance and repair requests. This is checked by maintenance staff daily and entered into the electronic system. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, for example awaiting contractor. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness for the facility vehicles used to transport residents for outings are current.</p> <p>The care centre is across two levels and is divided into six households: Waimarie (dementia), Ashley, Waiau, Hurunui, Rakaia and Selwyn are 5 double rooms (room 540,544,554,555 and 556) in Hurunui household. All bedrooms are currently single occupancy. All wings except the dementia unit is dual purpose use.</p> <p>The households on the first floor (Rakaia, Selwyn and Hurunui) share a large communal lounge with a small kitchenette and a breakfast buffet. The ground floor households (Ashley and Waiau) share a large lounge with access to a conservatory and a separate dining room. There is a spacious hair salon and whānau room close to the entrance. Activities are held in any of the communal areas. The outside gardens are sheltered and readily accessible. There is a lift between the floors with safe access for ambulance transfer equipment. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective households with mobility aids. There is</p>
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	<p>adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and communal areas. All rooms have ensuites that are spacious and safely accessible with the use of a hoist, 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 wall heating. There are comfortable lounges and seating for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside. 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 is a main central nurses' station near the entrance to the facility for downstairs and a smaller nurse's station upstairs situated at the entrance to the Hurunui wing.</p> <p>The dining room is available in two sessions with seating in the dining room designed to provide for interactions during meals. There is a communal toilet near the dining room/lounge. Communal facilities have a system that indicates if it is engaged or vacant and locks are on doors. Corridors have handrails, are wide, easy to navigate and provide safe access to all communal areas for residents using mobility equipment. There is sufficient equipment to meet the mobility and equipment needs of all residents including younger people. There are adequate storage areas for the other equipment. Wellness partners stated enough space to provide for the needs of all residents. There are CCTV cameras in the hallways.</p> <p>On each floor there are private areas or quiet rooms for residents and visitors to enjoy. Young people with disabilities are able to access private communal areas. All the hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms and kitchen. The grounds and external areas were well maintained. External areas are independently accessible for residents in the rest home and hospital. Residents interviewed reported they were able to move around the facility and staff</p>
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	<p>assisted them when required.</p> <p>The dementia unit (Waimarie) is accessible by secure keypad entry. The dementia unit is located on the ground floor and domestic like. There are 20 single rooms with ensuites. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences. The rooms and ensuites are spacious enough to allow residents to be safely mobile. Rooms have a mix of linoleum and carpeted flooring. Room doors are brightly coloured to ensure residents find their rooms easy. Ensuites have nonslip surfaces and appropriate for easy cleaning. There are handrails in the ensuites and toilet seats are coloured (blue) to provide a visible cue. There are handrails in the shower and ensuite. All rooms have windows with good ventilation. There is a wall heater in each room with an individual thermostat. The temperatures within the dementia unit was comfortable.</p> <p>There is an open plan dining room and lounge with a small nurse's station. The dining room and lounge is used for activities. Communal areas have access to a looped walkway and external secure garden area with seating and shade. There is visible access to the outdoors. The outdoors is securely fenced off and surrounded with shrubbery to deter from climbing. There are seating and shade. There are two smaller lounges that is suitable for quieter activities and visitors.</p> <p>The seating in the dining rooms is placed to provide for interactions during meals. There is a communal toilet near the dining room/lounge. Communal facilities have a system that indicates if it is engaged or vacant and locks are on doors. Corridors have handrails, are wide, easy to navigate and provide safe access to all communal areas for residents using mobility equipment. There are adequate storage areas for the other equipment. Wellness partners stated enough space to provide for the needs of all residents. There are CCTV cameras in the hallways. Artificial lighting throughout the dementia unit minimise glare. Staff can press and emergency staff assist alarm for support.</p> <p>The service has made environmental improvements since the previous audit including (but not limited to); repainting hallways; replacing curtains; installation of air conditioning units in upstairs</p>
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		<p>hallways, two ceiling hoists (Ashely household), a breakfast buffet upstairs and a greenhouse.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide and provide access to all communal areas for residents using mobility equipment. Residents were observed moving freely around the areas, with mobility aids where required.</p> <p>The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility.</p> <p>The prospective provider interviewed stated there are no plans to change the existing environment and will implement their own maintenance plans during the transition phase.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. There is an approved New Zealand Fire Service evacuation scheme in place (approved 2 May 2013). Six-monthly fire evacuation drill notification documentation was sighted (last completed on 3 December 2024). A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Short-term backup power for emergency lighting is in place. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with civil defence supplies (checked monthly), a store of emergency water (ceiling water tanks and additional newly added 4,000 litres outside water tank) which is adequate supply for three litres per day, for three days per resident.</p> <p>There is a BBQ available for alternative cooking. Emergency food supplies sufficient for at least seven days are kept in the kitchen.</p> <p>There is a store cupboard of supplies necessary to manage a</p>

		<p>pandemic/outbreak. There is no generator kept on site; the emergency plan documents stated an agreement in place to source from a vendor. There are call bells in the residents' rooms, the lift, main entrance and lounge/dining room areas.</p> <p>Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Sensor mats are used as indicated to alert staff. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. The service utilises security cameras located at the main entrance, carpark and hallways throughout the facility. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is current resident list with documented mobility needs to ensure readiness in case of a fire evacuation.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Infection control is part of the strategic and quality plans. Emergent issues are reported to the support office and Board immediately.</p> <p>The service has access to the infection control specialist from Health New Zealand or the Public Health unit.</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>	FA	<p>The clinical coordinator (registered nurse) oversees infection prevention and control across the service. The job description outlines the responsibility of the role. They are supported in their role by the clinical manager and village manager. There is a facility</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>infection control team, which has a representative from all service areas. The infection control coordinator has completed online education and is booked to attend a further training session by Health New Zealand infection control nurse specialist. There is good external support from the GP, laboratory, and the Health New Zealand infection control nurse specialist.</p> <p>The infection prevention and control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator for St Allisa Lifecare has reviewed the data and reported on the 2024 year. There is an infection control steering group with representatives from several facilities (including St Allisa Lifecare) and they meet three monthly to support all villages. Infection control audits are conducted. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards.</p> <p>The service has a 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. There is ample personal protective equipment (PPE). Extra PPE is 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, which acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the</p>
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		<p>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.</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 is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the clinical manager, village manager and Arvida Group. The Arvida Group ensure there is infection control consultation during the design of any new building or when significant changes are proposed to an existing facility.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p>
<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, infection control 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 general practitioner to ensure best practice strategies are employed at St Allisa Lifecare. Interview with the general practitioner confirmed their input into review of</p>

		antimicrobial use for the facility.
<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, infection control and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods. 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 head office and Health New Zealand for any community concerns. There has been one Covid-19 and one influenza outbreak documented and reported since the previous audit, which was managed appropriately. There are accessible isolation kits and posters available to ensure consistency in the management of outbreaks.</p> <p>The facility followed Arvida 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</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning services are provided seven days a week. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. All chemicals on the cleaner's trolley were labelled.</p>

<p>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 antimicrobial resistant organisms.</p>		<p>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. Rooms have an ensuite and commodes are not used. There is a sluice room adjacent to the laundry area that includes a sanitiser, a stainless-steel bench, a sink and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. The laundry has clean and dirty entrances and a defined workflow. The laundry is operational seven days a week. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked with good quality linen. Linen is transported in covered trolleys. 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. Environmental audits are completed and include the built, laundry and cleaning processes; this is monitored by the infection control team.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. There is access to an advocate to ensure the voice of residents, Māori and family/whānau, is evident when restraint is considered. The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to</p>

		<p>the elimination of restraint use and this is actively monitored by the Arvida Restraint Steering Committee. This is achieved using proactive de-escalation strategies. The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required) includes the resident (if competent), general practitioner, restraint coordinator, registered nurse and family/whānau approval.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually. The restraint register is maintained and updated two-monthly. Restraint programme is discussed as part of the monthly quality meeting.</p> <p>The prospective provider has a policy of zero restraint use and this is a key performance indicator (KPI) which they are aiming to achieve by end of 2025. There are policies and procedures in place to support alternatives to restraint and staff receive training and complete competencies to align with organisational policies.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medications are safely stored in locked trolleys and in locked medication room. Eyedrops in the rest home and dementia households' trolleys are dated on opening, stored, and discarded as per manufacturer's instructions; however, this was not consistently evidenced in the hospital medication trolley. There is a system in place for the monitoring of room temperatures and temperatures are recorded at below 25 degrees.</p>	<p>(i). Eight eyedrops and one atropine drops were not dated on opening.</p> <p>(ii). One bottle of eyedrops had not been discarded as per manufacturer's instructions.</p>	<p>(i)-(ii) Ensure eyedrops and atropine drops are dated on opening and discarded as per manufacturer's instructions.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.