

# Archer Villages Limited - Archer Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Archer Villages Limited

**Premises audited:** Archer Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 June 2025 End date: 25 June 2025

**Proposed changes to current services (if any):** Archer Village had put in a request to reconfigure the service; however, this has been deferred to a future date (yet to be determined) and the service did not require a partial provisional audit as part of this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 49



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Archer Village is located in Christchurch. Archer Village is one of two facilities owned by the Archer Group, and is certified to provide rest home and hospital levels of care for up to 54 residents. There were 49 residents on the days of audit.

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

The site manager is experienced in aged care and is supported by a clinical nurse manager, and quality and education coordinator. The site manager oversees the day-to-day operations of Archer Village. The quality and education coordinator is responsible for clinical governance, with support from the clinical nurse manager. Residents and family/whānau interviewed responded positively about the care and support.

This audit identified that the service meets the Ngā Paerewa Standard.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



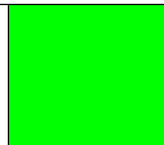
Subsections applicable to this service fully attained.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Archer Village has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

There is a documented business plan, mission, philosophy, and objectives. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and

family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed by the Needs Assessment Service Coordination prior to entry as needing rest home or hospital level care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner, who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by diversional therapists who identifies residents' interests and aspirations. Activities are based on the Thrive programme and are aimed at enhancing physical strength and balance, and mental and social wellbeing. Outings in the van are provided so residents continue to be part of the wider community.

Medication management is safe and complies with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

All meals and baking are cooked on site by contracted chefs, who have completed food safety training. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. There is a generator available if the main supply is down.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the Board, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The clinical nurse manager oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is leadership commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility does not have residents currently using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around management of challenging behaviour.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Archer Village has established connections with local iwi through their cultural advisor at Pou Whakarae, Head of Māori Development &amp; Education Vision West. The general manager (GM) reported during interview that they can access cultural support and guidance from their cultural advisor.</p> <p>The business plan and annual quality and risk review reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The site manager and clinical nurse manager (CNM) confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were no staff identifying as Māori at the time of the audit.</p> <p>There were residents identifying as Māori at the time of the audit. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general</p>

		<p>conversations. Interviews with five managers (site manager, property manager, clinical nurse manager [CNM], resident support services manager [RSSM], and quality and education coordinator) and eleven staff (three registered nurses (RNs), six healthcare assistants [HCAs], cleaning and laundry supervisor, one cleaner) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</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 is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented on admission to the service.</p> <p>Interviews with the clinical nurse manager and staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff; however, there were no Pacific staff at the time of the audit.</p> <p>At the time of the audit, there were no residents who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commission's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Residents stated that staff and managers provide opportunities for discussion and clarification about their rights.</p> <p>Interviews with seven residents (six rest home residents and one hospital level resident), two family/whānau (hospital) and staff confirmed that staff are respectful and considerate of residents' rights</p>

		<p>in line with the Code. The clinical nurse manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>The clinical nurse manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.</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>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Archer Village is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans.</p> <p>In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake.</p> <p>Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, and how to</p>

		<p>build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. An Intimacy and Sexuality in Older Persons policy is in place, with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified and church services are held. There is an Archer Group chaplain and other spiritual support is available. The RNs and HCAs interviewed explained how the service meets the residents' cultural and spiritual needs.</p> <p>Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation.</p> <p>Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through implemented invoicing processes. Managers maintain a comfort account to avoid handling cash being given to them by residents.</p> <p>Internal audits of the Code and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff interviewed stated teamwork is good and there is an absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to</p>

		<p>address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</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 related to the service and what to expect when entering the service is provided to family/whānau on admission. Non-subsidised residents and their family/whānau are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. Family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood.</p> <p>Review of a sample of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups.</p> <p>A review of bimonthly residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission.</p> <p>The clinical nurse manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved.</p>

		<p>Archer Village has access to interpreting services and cultural advisors or cultural advocates when required. At the time of the audit all residents could speak and understand English.</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 documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Seven 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 the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. 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' file and is activated as applicable for residents assessed as incompetent to make an informed decision. A medical certificate for incapacity is on file if an EPOA has been activated.</p> <p>An advance directive policy is in place and is implemented. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner 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 family/whānau. Discussions with the healthcare assistants and registered nurse 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</p>

		<p>incorporating and considering the residents' cultural identity when planning care. The registered nurses and clinical nurse manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The clinical nurse manager interviewed stated they include residents and family/whānau in decision making. The CNM maintains a complaints' register and file containing all appropriate documentation.</p> <p>There have been four complaints made since the last audit. One HDC complaint in June 2023 reported on at the previous audit remains open; with no further correspondence from HDC. There is a policy and process in place to manage complaints, in accordance with the guidelines set by the Health and Disability Commissioner (HDC), and the manager could describe the process. Documentation confirmed that management of complaints was as per the policy. The complaints on the register have been resolved to the satisfaction of the complainant and closed off. There are no trends or patterns identified in themes. The complaints process links to the advocacy service, with any complainant informed of the role the Advocacy Service has.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>The complaints process is equitable for Māori. The clinical nurse manager and site manager are aware of the preference for face-to-face communication, with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
Subsection 2.1: Governance	FA	<p>Archer Village is part of the Archer Group and is governed by a faith based charitable Trust Board. The Archer Group owns four retirement</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>villages, with two (including Archer Village) having care centres. The Archer Village provides rest home and hospital level (medical and geriatric) care to up to 54 residents. All beds are dual purpose beds and for single occupancy only. There were 49 residents in total: 31 at rest home level of care (including one on respite care), and 18 hospital level care (including one on a palliative care contract) on the day of audit. All residents were under the Aged Related Residential Care Services agreement (ARRC).</p> <p>The general manager (a registered nurse) of Archer Group oversees the four sites and reports to the Board monthly. The site manager (non-clinical) has been in the role of managing one sister home since September 2023 and in addition, managing Archer Village from November 2023. The site manager has previous management experience in aged care and health care management. The site manager reports to the general manager on a variety of operational issues and reports to the leadership, quality and risk meeting held monthly. The clinical nurse manager has been in the role since November 2021 and has previous management experience. The management team are supported by a quality and education coordinator, RNs and long-standing HCAs. The general manager advised that the Board engages with a representative from Pou Whakarae, Head of Māori Development &amp; Education Vision West, who provide cultural training and advice to the Archer Group Trust. All trustees demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies. The Board remains committed to embracing cultural diversity and engaging with and providing appropriate services to Māori.</p> <p>The general manager has a clinical background and provides collaborative accountability for continuous quality improvement activities, including (but not limited to) improvement of services, and delivery of a high standard of delivery of care. They are knowledgeable around contractual and legislative requirements. Auditors observed the managers actively interacting with residents and family/whānau, demonstrating their thorough understanding of the daily operations of the service.</p> <p>The business plan (April 2025 to March 2026) includes a mission, organisational values, and a life vision. The plan reflects the life vision</p>
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		<p>and special character of faith-based care to create a culture of respect, holistic care, and treating others well. Goals are reviewed at each Board meeting. A quality plan and annual goals are documented and reviewed at the quality and risk meetings and reported through to the Board. A formal review is completed annually (last completed in March 2025). Clinical governance is overseen by the quality and education coordinator, who chairs the monthly quality and risk meeting and reports monthly to the general manager. Interviews with the general manager and quality and education coordinator confirmed that the management team analyses internal processes, business planning, and service development, to improve outcomes and achieve equity for Māori and tāngata whaikaha; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership.</p> <p>Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys, and bimonthly resident meetings.</p> <p>The general manager, clinical nurse manager, quality and education coordinator and site manager complete professional development activities related to managing an aged care facility. The management team has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums/symposiums and online training.</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>Archer Village has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audit schedule includes clinical audits which monitor against policy and contractual requirements. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use (or lack of it), incidents, and wounds is collected, analysed, and reviewed at quality improvement, clinical and staff</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>meetings.</p> <p>Data is compared monthly, and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the clinical meetings and quality and risk meetings.</p> <p>Resident and family/whānau satisfaction surveys are conducted annually; food and activities were the focused theme for 2024 and 2025. The service has completed quality improvements related to food services, with these outsourced in April 2024. Results from a six-week post admission survey and resident meeting minutes evidence that residents are satisfied with the meals. There is a high satisfaction rate recorded related to their activities programme.</p> <p>Policies and procedures are current and reflect good practice. These are maintained in an electronic format, with staff confirming they can access these documents as needed. Cultural safety is reflected within the quality programme, with collation of ethnicity data related to adverse events and infections. The processes documented provided for critical analysis of organisational practices to improve health equity.</p> <p>Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Each incident/accident is documented in the resident management system. A sample of adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse or clinical nurse manager. Incident and accident data is collated monthly and reported in the monthly meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager and registered nurses.</p> <p>Health and safety meetings occur quarterly as part of the quality improvement meetings, as well as being reported and discussed in staff meetings. There are health and safety representatives who</p>
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		<p>monitor hazards and risks. Hazards are documented and addressed in a timely manner. Staff receive education related to hazard management and health and safety at orientation and annually. The hazard and risk register was reviewed in March 2025. An annual health and safety review of the health and safety programme was completed in March 2025, and a Site Safe audit of the organisation's health and safety programme in February 2024. The monthly quality and risk meetings minutes evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the clinical nurse manager and quality and education coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the clinical nurse manager and registered nurses. Residents and family/whānau interviewed, and resident meeting minutes confirmed that staff are attentive to resident's needs. There is at least one registered nurse on 24/7. An enrolled nurse supports the RN in the morning. The part-time quality and education coordinator supports the implementation of the training programme and the quality and risk programme.</p> <p>The clinical and non-clinical rosters reviewed evidence staff are replaced in the event of any absences. Staff reported absences are covered by a casual pool and part-time employees. Nursing agency staff are used as necessary. A sufficient number of HCAs are allocated according to the layout and design of the facility, to ensure residents needs are met.</p> <p>The clinical nurse manager provides an on-call service, with support from the contracted general practitioner. The site manager is available for non-clinical issues after hours. A selection of HCAs are medication</p>

		<p>competent and assist with certain delegated tasks to support registered nurses in their clinical decision making.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with training on an online platform, formal face to face, and impromptu toolbox training. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, correct use of personal protective equipment (PPE), and manual handling and transfer. Staff who administer medication complete annual medicine competency and a record of completion is maintained. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification, with 65% of healthcare assistants having achieved level 4. Both activities coordinators (referred to by the service and in this report as diversional therapists) are enrolled in the diversional therapy course.</p> <p>Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to online modules and resources.</p> <p>There are five RNs employed and of these, four are trained and competent in completing interRAI assessments. Registered nurses complete syringe driver training and palliative care training. Staff reported a positive work environment, and an employee assistance programme is available to them when required.</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>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job</p>

<p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>descriptions, responsibilities, and accountabilities.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Archer Village demonstrated that the orientation programme supports RNs, healthcare assistants, cleaning, and laundry staff to provide a culturally safe environment to Māori. Orientation and competency of newly engaged care staff meets the educational requirements of clause D17.5 of ARRC.</p> <p>Staff performances are scheduled and completed as they become due, as sighted in five staff files. The other two staff were employed less than a year.</p> <p>All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded.</p> <p>The results of an annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the clinical manager, registered nurse, or manager. The manager reported that debrief and discussion occur following any incidents.</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 records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and require user identification and passwords to access.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents and staff archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be</p>

		viewed by other residents or members of the public. The site manager is the privacy officer and oversee all requests related to health information. 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>Prospective residents are assessed by the needs assessment service coordination team as requiring rest home or hospital level care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and information is available on the internet.</p> <p>The admission, discharge and transfer policy specifies the entry criteria, and the processes and documentation required on admission. The policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment and coordination. If entry to the service is delayed, then the person and family/whānau receive timely updates. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te reo Māori. The service has established links with local Māori to support Māori residents and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident files were reviewed, including four rest home (including one resident on a respite contract) and three hospital residents (including one resident on an end-of-life care contract). All files included an initial assessment which is completed on the day of admission by the registered nurse. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident's needs and supports required. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. The registered nurse completes interRAI assessments for all residents,</p>

		<p>except for those on respite or end of life contracts. The clinical nurse manager confirmed that Te Ara Whakapiri is used for last days of life.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences, and care for individual medical conditions. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults healthcare assistants and the activities coordinator when reviewing care plans. Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect current needs and goals. Short-term care plans are used to address short-term needs, such as wounds or infections.</p> <p>Between shifts there is handover to staff coming on duty, and any concerns are communicated. Progress notes are documented by staff every shift.</p> <p>Medical care is provided by the resident's general practitioner who completes an initial assessment within five working days. Reviews occur at least three-monthly or sooner if needed. The general practitioner and the after-hours service provide out of hours medical support. The general practitioner visits the facility once a week to undertake three-monthly medical and medication reviews, and to see those who needed to be assessed sooner than three months. If the general practitioner is away on leave or requires cover, then the nurse practitioner will provide the service. If there were any changes to medications, the general practitioner stated they would talk to the family/whānau. They are also involved in advance care planning discussions with family/whānau and residents. The general practitioner confirmed staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six-weekly podiatrist visits. A physiotherapist visits for two hours a week to assess residents post falls and assess mobility and transfer needs. A physiotherapy assistant is in place for four hours a week.</p> <p>The diversional therapists complete a tree of life, and an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files</p>
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		<p>reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>Monitoring charts sighted in resident's files include monthly vital signs, weights, and blood sugars, as per care plans when indicated. At the time of the audit, there were twenty wounds. This included pressure injuries, as well as skin tears, skin lesions, a surgical wound, and minor lacerations were being treated. Wound care assessments and plans were in place, with wound evaluations being done at each dressing change. The registered nurse confirmed when needed they refer more complex wounds to the nurse specialist, as evidenced with the unstageable pressure injury.</p> <p>The Māori health and cultural safety policy requires staff to follow tikanga best practice and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination and there are to be no barriers for Māori receiving services. The registered nurse interviewed described removing barriers, so all residents have access to information and services required, to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</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>	FA	<p>The activities programme is overseen by the RSSM, who is an occupational therapist with a current annual practising certificate. They have been in the role for nine months and is implementing the "Thrive programme". The programme's values are based on togetherness, holistic care, respect, integrity and equity, vitality, empathy, and compassion. A copy of the monthly planner is delivered to each resident's room. There are two qualified diversional therapists, who provide activities from Monday to Friday. The diversional therapists complete a tree of life, and an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events, with individual care plans related to activities completed. This information is obtained from and completed with the resident and their</p>

		<p>family/whānau. The diversional therapists plan group and individual activities, in consultation with residents and their family/whānau and record residents' participation in activities.</p> <p>The planner is colour coded to represent each of the Thrive values. A range of activities are available to enhance physical strength, along with balance, cognitive and sensory stimulation; social engagement; and enjoyment of life. Activities include celebrating events and cultural theme days. There are two vans and a car available to transport residents on outings. Individual activities such as hand massage, wheelchair walks, music, craft, individual outings, and reminiscing are provided for residents who choose not to participate in group activities. Recent Matariki celebrations included a service by a Māori chaplain embracing Christian values with Māori values, flax weaving, and singing of waiata. Te ao Māori is facilitated by supporting community kapa haka rehearsals at the local primary school, and initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>During the audit, residents were seen to be enjoying combined activities. Te reo Māori is incorporated into activities. Every second Tuesday, the Māori chaplain visits to support devotions. On weekends, healthcare assistants provide activities and can access the activities resources.</p> <p>Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy and protocol is in accordance with current legislation and guidelines. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff are required to complete an annual competency assessment by the registered nurse. Completed and current competencies were sighted in staff files.</p> <p>An agreement with a local pharmacy for supply of medicines was sighted. When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed in blister packs. Staff could describe their responsibilities for receiving</p>

		<p>medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (PRN) medications was consistently documented in the electronic medication management system and progress notes. The general practitioner prescribes all medications, including over-the-counter supplements. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>Medication rounds were observed; staff were seen to be following the policy and administering medications safely. Medicines are stored in locked trolleys, which are kept in a locked medication room. The medication room and refrigerator temperatures are recorded daily and seen to be within an acceptable range. Expired and no-longer used medications are returned to the pharmacy for disposal.</p> <p>The policy covers safe self-administration of medication. At the time of the audit, there were two residents self-administering their medications. Each had an assessment to confirm the resident was competent to self-administer medications, and each had a secure place to keep medications. There are no standing orders.</p> <p>The registered nurse works in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in review of their medications. The clinical files included documented evidence that residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The clinical nurse manager described an understanding of working in partnership with all residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</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>FA</p>	<p>The meal service is outsourced to a contracted provider. All meals and baking are done on site by a chef and kitchen assistants. Kitchen staff have been orientated to the service and role and have completed food safety training. Kitchen staff were seen to be wearing appropriate personal protective clothing.</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>Meals are served directly from the kitchen to the dining room. For those residents who wish to enjoy their meals in their rooms, food is plated and covered in the kitchen and transported in a hotbox.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs and this information is communicated to the cook. The menu is seasonal and there is a six-week summer and winter cycle. The menu was reviewed by an external dietitian in 2025. Residents interviewed confirmed they enjoy the meals. The cook (interviewed) confirmed they attend residents' meetings to address any concerns raised related to food and food choices. The cook confirm cultural choices are available if requested.</p> <p>The food control plan expires on 30 January 2026. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available when required. Residents were observed to be supported by care partners during mealtimes to maintain their dignity and independence. The lunch meal was observed, and the dining experience seems pleasurable.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner and dietitian. Food supplements are provided where prescribed. The cook understood their role in supporting and respecting cultural beliefs and preferences and described recent meals celebrating te ao Māori foods, including a hangi, pork, and puha muffins.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	<p>FA</p>	<p>The admission, discharge and transfer policy specify the process and required documentation for transfer and discharge. An interview with the registered nurse confirmed transfer and discharge is a planned process that includes discussion with the resident and their family/whānau. If residents are transferring to a higher level of care, the needs assessment service coordination team completes a re-assessment and family/whānau are informed of their options for entering another aged care facility.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>Prior to transfer or discharge, the interRAI assessment is updated and handover occurs between the registered nurse and other facility. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be, or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current. There are maintenance request books for repairs and maintenance requests are located at reception and the nurse's station. This is checked daily, and actions are transferred to a computer spreadsheet and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Where hot water temperatures were outside acceptable ranges, corrective actions were implemented.</p> <p>The property manager (interviewed) stated essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment have been completed. Medical equipment, hoists, and scales were checked and calibrated in June 2025. A maintenance person is employed for 40 hours per week and is overseen by a property manager, who manages all Archer sites. Maintenance of gardens is outsourced to an external contracting service.</p> <p>The corridors are of sufficient width to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There are handrails in all corridors which promotes safe mobility. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have sufficient equipment, including mobility aids, wheelchairs, electronic chair scales, pressure injury resources, and ceiling, sling, and standing hoists to safely deliver the cares, as outlined in the residents'</p>

		<p>care plans.</p> <p>There are sufficient numbers of communal toilets and bathrooms for the residents who do not have ensuites. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are privacy signs on all shower/toilet doors in English and te reo Māori. Residents confirmed staff respect their privacy while attending to their hygiene cares. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>The rooms in one wing (Port Hills) have ceiling hoists available. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Bedrooms are spacious enough for residents to move freely and have their own chairs and personal belongings. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences.</p> <p>The facility has one large centrally located dining and lounge area and additional smaller lounges and tea and coffee making facilities in each wing. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining room is adjacent to the kitchen and caters for all residents. Seating in the lounge area is placed appropriately to allow for groups and individuals to relax or take part in activities. The area is spacious and light and has access to an internal courtyard with outdoor furniture, raised gardens, seating, and shaded areas. There were other small seating areas around the facility for residents to enjoy. The flower gardens and grounds around the facility are well maintained. All indoor and outdoor communal areas are easily accessible to residents (including walkers and wheelchairs). All bedrooms and communal areas have ample natural light and ventilation. The service has radiators in all rooms and in communal areas run by boilers using reticulated gas, with a heat pump in the medication room.</p> <p>The general manager, site manager, property manager and clinical nurse manager interviewed were aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan is posted on the wall near the entrance, with this approved 13 May 2019. Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. All potential emergencies are listed in emergency flip charts, located in key areas throughout the facility. Records show fire drills are held six-monthly, and staff are trained in emergency procedures during orientation and annually. Fire extinguishers were sighted in the hallways and in the kitchen; there is also a fire blanket. Evacuation procedures were explained to the auditors before the opening meeting. There is a current first aider on each shift. Call bells are located in each bedroom. Residents confirmed call bells are answered promptly.</p> <p>Civil defence supplies are stored in the nurses' station and checked three-monthly. The well-stocked kit contains first aid equipment, torches, batteries, radios etc. In the event of a power outage, there is a generator available, emergency lighting and gas cooking. There is an adequate supply of non-perishable food stored, along with extra blankets and dressing supplies.</p> <p>The vehicles used to transport residents has a current warrant of fitness and registration. There is a first aid kit inside the vehicles which are checked three-monthly and restocked as required.</p> <p>Closed circuit television cameras (CCTV) monitor all exits and identified public areas. Staff complete a checklist each evening to ensure the building is secure. The facility is locked at night and if there is a breach of security, staff phone the police. A contracted security firm checks the facility at night. There is lighting in the carpark. There is a sign in process for visitors and contractors.</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</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the Board of Trustees and is linked to</p>

<p>appropriately.  Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.  As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>the quality improvement system. The governance body has identified the infection prevention and control, and the antimicrobial programmes as being integral to Archer Village strategic, business and quality plans, to improve quality and ensure the safety of residents receiving services.</p> <p>Significant IP events shall be managed using a stepwise approach to risk management and receive the appropriate level of organisational support.</p> <p>All infection control data is available to all through a dashboard system. The GM receives information via the quality and risk meeting they attend and they escalate any significant issues to the Board. This was confirmed in an interview with the general manager and quality and education coordinator. Infection rates are presented and discussed at various meetings and at a governance level.  Documented evidence showed infections were reviewed with GPs.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</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.  Te Tiriti: The infection prevention programme is culturally safe.  Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are linked to the quality improvement system and reported on annually. The clinical nurse manager is the infection prevention and control coordinator (IPC) and oversees the infection control and prevention programme. They work closely with the quality and education coordinator. There are clearly documented roles and responsibilities related to the IPC role.</p> <p>The IPC has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. An external expert has developed the infection prevention and control policies. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive</p>

		<p>training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment, which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There is a framework for communicating significant events to the general manager and through the quality and risk meetings. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The clinical nurse manager understands the process of involvement, should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procure all clinical equipment and consumables.</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>FA</p>	<p>The antimicrobial programme has been approved by the Board. Reports are escalated to the Board.</p> <p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The clinical</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>nurse manager and GP monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. The general practitioner prescribes prophylactic antibiotics, if they deem this appropriate.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the quality improvement, clinical and staff meetings.</p> <p>The registered nurse oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There have been two Covid-19 outbreaks in 2024. Archer Village staff adhered to its outbreak management plan and notified appropriately. Clear communication pathways that are culturally appropriate, including daily outbreak meetings and updates to residents, to family/whānau and staff, were implemented. There was sufficient PPE available during the outbreaks. Staff have had training sessions since the outbreaks to ensure that good practice is followed if an outbreak occurs.</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</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and</p>

<p>the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management team. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Material safety and data sheets are available.</p> <p>Personals and kitchen items are laundered at the sister facility, and bed linen and towels off site through a commercial company. Linen cupboards had sufficient good quality linen and towels. There is sluicing facility with appropriate PPE available. There are separate hand washing facilities. There is a vehicle to transport personal laundry between the facilities (with a clean and dirty demarcation).</p> <p>The laundry and cleaning supervisor manage and distribute all personal clothing in baskets to residents` rooms and the facility receives clean linen/slings in plastic containers and distribute to the linen cupboards in vinyl covered linen trolleys. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  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 clinical nurse manager and site manager has an ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies Archer Village`s committed to a restraint-free environment. At the time of the audit, no restraints were in place.</p> <p>The clinical nurse manager is the restraint coordinator and has documented roles and responsibilities that relates to the role. The restraint coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies, and strategies for managing challenging behaviour. Staff meetings are</p>

		held monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and current annual training were sighted.
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.