

The Cascades Retirement Resort Limited - The Cascades Retirement Resort

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:	The Cascades Retirement Resort Limited
Premises audited:	The Cascades Retirement Resort
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 July 2025 End date: 9 July 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:	72



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
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

The Arvida Cascades Retirement Resort provides rest home and hospital level care (medical and geriatric services) for up to 106 residents, with 74 dual-purpose beds in the care centre and up to 32 serviced apartments certified to provide rest home level care. There were 72 residents on the day of audit.

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

The village manager is supported by a clinical manager, two 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 the service meets the 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.



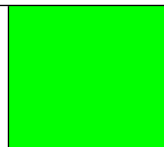
Subsections applicable to this service fully attained.

The Arvida Cascades Retirement Resort 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 partners with Pacific communities to encourage connectiveness.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

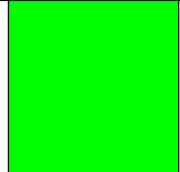
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and 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 education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The Arvida Cascades Retirement Resort has an admission package available prior to, or on entry to the service. The village manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner/nurse practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent wellness partners are responsible for administration of

medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

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

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single and have ensuites. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

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 currently has no restraints. Use of restraints would only be considered as a last resort after all other options are explored. Annual education is provided to staff around restraint minimisation, challenging behaviour, and de-escalation.

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>A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The policy 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 family/whānau, with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>The Arvida Cascades Retirement Resort (referred to The Cascades Retirement Resort) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents, family/whānau, as evidenced in interviews with Māori staff members, and documentation.</p> <p>The village manager and head of specific department interviews all suitably qualified Māori applicants when they apply for employment opportunities at The Cascades Retirement Resort. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and</p>

		<p>enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Thirteen staff were interviewed (three wellness partners (caregivers), one registered nurse (RN), two clinical coordinators, one wellness leader, one kitchen manager, one maintenance manager, one housekeeper, one administrator, and two laundry assistants), and all confirmed that all cultures were treated equally and welcomed to the workplace.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the clinical governance group on matters where policy or practice change may be required.</p> <p>The service currently has residents who identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The registered nurses, 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</p>	<p>FA</p>	<p>On admission all residents state their ethnicity. There were no residents who identified as Pasifika. Management interviewed advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the</p>

<p>outcomes.</p>		<p>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. The Cascades Retirement Resort has links with the local Pacific community through current staff members who identify as Pasifika.</p> <p>The management team (village manager, clinical manager, and head of clinical quality) were able to confirm how The Cascades Retirement Resort is increasing the capacity and capability of the Pacific workforce through equitable employment processes. This was confirmed through review of employment documentation, and the recruitment process.</p> <p>Interviews with seven residents (three rest home, four hospital) and five family/whānau (one rest home, four hospital) identified that staff put residents, family/whānau and the community at the centre of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical coordinators or clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held monthly, shared between the various denominations. 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, maintaining dignity, respect, and autonomy.</p>

		<p>Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction survey results published in February 2024 and 2025 confirmed that residents and family/whānau are very satisfied, with a net promoter score (NPS) of 49, and 33, respectively. This was also confirmed during interviews with residents and family/whānau. A corrective action relating to communication and activities is in place for the 2025 survey results.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's</p>

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

		<p>align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, The Cascades Retirement Resort has appropriate communication</p>

		<p>strategies in place for staff members, should any resident require support.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. Clinical review meetings are held weekly. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as vaccines. 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 enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p>

		<p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with clinical staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code, informed consent and EPOAs is a mandatory topic delivered and completed as per schedule via the electronic learning system (Altura).</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically, and in hard copy.</p> <p>There has been one complaint made in 2023, five in 2024, and six in 2025 year to date following the surveillance audit in August 2023. There has been one complaint received in April 2025 via the Health and Disability Commissioner (HDC), to which the service has fully responded, and the service is waiting for further contact. 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). Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p>

		<p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Monthly resident meetings are chaired by the 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.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter contact details are available.</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>The Cascades Retirement Resort is part of the Arvida Group. The service provides rest home and hospital level care (medical and geriatric services) for up to 106 residents, with 74 dual-purpose beds in the care centre and up to 32 serviced apartments certified to provide rest home level care. The service is currently not providing rest home level care in the apartments, but they remain certified to do so.</p> <p>On the day of the audit there were 72 residents: 33 rest home residents, including two residents on respite; 39 hospital level residents, including one resident funded by ACC, two residents on a younger person with a disability (YPD) contract, and one resident on an end of life (EOL) contract. All residents other than the respite, ACC, YPD, and EOL funded resident were under the age-related residential care contract (ARRC). There was one self-funding non NZ resident residing at the facility.</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</p>

	<p>care where they are able, and being supported by and with family/whānau 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.</p> <p>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 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 support partners (now regional managers).</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from three regional managers (previously Arvida support partners) providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, infection outbreaks and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at The Cascades Retirement Resort.</p> <p>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.</p>
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	<p>The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, operation representation, village manager and clinical manager representative, expert resident, and wellness leader representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Clinical Governance Group are incorporated into regular reports to the chief executive officer (CEO).</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed. The working practices at The Cascades Retirement Resort 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 has confirmed terms of references 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 FY2026 business plan is specific to The Cascades Retirement Resort 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.</p> <p>Through implementation of the Attitude of Living Well framework,</p>
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		<p>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 clinical manager (registered nurse) has been employed since February 2025, and has extensive experience in both acute, and aged care management roles.</p> <p>The village manager oversees the implementation of the quality plan. The clinical manager role is responsible for regular reporting to the village manager, that includes infection control, analysis of adverse events, and summaries of clinical risk. The village manager and clinical manager are supported by two clinical coordinators, and an experienced care team.</p> <p>The head of clinical quality was actively present on site, supporting the team to ensure the service delivery and clinical effectiveness at The Cascades Retirement Resort maintains their high standards 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>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</p>	<p>FA</p>	<p>The Cascades Retirement Resort 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.</p>

<p>improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>Regular quality (improvement) meetings, clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection 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.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family/whānau, evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive.</p> <p>The Arvida health and safety programme is 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 and heads of department attend 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.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements as per Health Quality</p>
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		<p>and Safety Commission. There have been section 31 notifications sent to HealthCERT as required. There have been four Severity Assessment Code (SAC) reports submitted the Health Quality and Safety Commission as required.</p> <p>Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard 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>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The majority of RNs and wellness partners hold current first aid certificates.</p> <p>Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday. In the temporary absence of the village manager, the clinical manager will 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. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents.</p> <p>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</p>

	<p>timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically. Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including (but not limited to): medication administration; controlled drug administration; wound management; subcutaneous fluids; syringe driver; and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), handwashing, and cultural competencies. A selection of wellness partners have completed medication administration competencies and second checker competencies to support the RNs. A record of completion is maintained on an electronic register.</p> <p>The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>The service has a total of 93 staff in various roles. There are 46 wellness partners employed in total. The Cascades Retirement Resort supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Thirty-seven wellness partners have achieved either a level three or level four NZQA qualification.</p> <p>There are 14 RNs and two enrolled nurses (ENs), excluding the clinical manager and two clinical coordinators. Six have completed interRAI training.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff</p>
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		wellbeing and a positive workplace culture.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy implemented.</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 caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised, and an orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>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>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 (eCase) for reference.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village and clinical managers are available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The managers ensure that any potential</p>

		<p>resident would receive timely updates if entry to the service was delayed. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Arvida The Cascades is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with kaumātua and local iwi.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine files were reviewed for this audit (four rest home residents [including one respite] and five hospital residents (including one Accident Compensation Corporation [ACC], one young person with a disability [YPD] and one end of life care). The clinical coordinators and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process, as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan, though there are currently no Pacific residents.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (excluding the ACC resident) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. The long term care plans are updated with interventions for infections, weight loss, behaviour that challenges,</p>

	<p>and wounds which are resolved when the issue resolves.</p> <p>A general practitioner (GP) or nurse practitioner (NP) ensures residents are assessed within five working days of admission. The GP or NP review each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility at least twice weekly. The clinical coordinator or clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, the NP expressed satisfaction with the standard of care and the RN's competence. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work fifteen hours a week. The Arvida dietitian is contacted as required. A podiatrist visits six to eight-weekly and a continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Wellness partners and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and wellness partners. The registered nurses further add to the progress notes if there are any incidents, GP or NP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the clinical coordinators who then initiate a review with a GP/NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP or NP visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were minor skin tears and scrapes, plus one chronic wound and pressure injuries, which had been reviewed by the wound care nurse as required. One pressure injury (stage IV) had been seen by the wound care nurse and relevant reporting to an external authority completed. All wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including</p>
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		<p>photographs (if required) to show healing progression. The wellness partners and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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>There is a wellness leader who coordinates the activities programme. The programme is supported by the wellness partners.</p> <p>The programme is planned monthly and weekly. The weekly calendar is placed in large print on the noticeboards. Residents may have a copy of the monthly programme in their rooms. The wellness leader facilitates opportunities to participate in te ao Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits to ensure their needs are met.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games; quizzes;</p>

		<p>entertainers; board gaming; hand pampering; bingo; and happy hour. There are regular van drives for outings and visits to shops and cafes, entertainers, church services, and communion. There is a facility cat and a weekly visit from a dog.</p> <p>There are monthly resident meetings. Family/whānau are able to attend if they wish. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RN's have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and wellness partners interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily, with temperatures within range as per policy. All medications, including stock medications, are checked monthly. All medications with a short shelf life have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP or NP and charted on the electronic medication chart.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP or NP reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents</p>

		<p>self-administering medications on the days of audit. There were processes in place in case any resident did self-administer medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent wellness partners or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical coordinators described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a kitchen manager, cooks, and kitchen assistants. The kitchen was observed to be clean, well-organised, well equipped, with a current approved food control plan in place.</p> <p>The four-weekly seasonal menu has been reviewed by the Arvida dietitian. The dietitian is available to assist with any dietary issues such as weight loss. There is a food services electronic manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (gluten free, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori menu options are available upon request and family/whānau can bring special meals for their relatives. At Matariki, the kitchen did a boil-up and the residents made fried bread. On the day of audit, meals were</p>

		<p>observed to be well presented. Residents have choices on the menu at each mealtime.</p> <p>The kitchen manager completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at various stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area. Lipped plates are available.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The clinical coordinator and registered nurse explained the transfer between services that includes a comprehensive verbal handover and the completion of specific transfer documentation.</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-</p>	FA	<p>The building holds a current warrant of fitness. There is a maintenance coordinator and a maintenance supervisor who both work 40 hours a week. There is an external contractor who manages the gardens. Maintenance requests are documented electronically. The maintenance coordinator prioritises requests. Tasks are marked</p>

<p>centred and culturally safe for Māori and whānau. 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>off as completed. There is an annual preventative maintenance plan that includes electrical testing and tagging. Monthly testing of hot water temperatures occurs, and if temperature recordings are out of expected range, a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment is completed annually.</p> <p>The service is carpeted with vinyl surfaces/tiles in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. All bedrooms are single with ensuites. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility, and are able to personalise their room. Residents were observed moving freely around the areas with mobility aids where required. The wellness partners interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and in toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are large well-appointed dining rooms. There is a tea/coffee machine in the dining rooms. Activities take place in the large communal lounges. One of the lounges in each area is set up with newspapers, jigsaws and crosswords and residents may enjoy a quieter time there or can entertain visitors.</p> <p>There are outdoor areas with outdoor seating, shaded areas and raised gardens. There are sufficient communal toilets situated in close proximity to communal areas. The building is appropriately heated with underfloor heating and/or heat pumps, and ventilated. There is ample natural light in the rooms.</p> <p>The clinical manager and the clinical coordinator described how they would utilise Arvida links with kaumātua and local iwi, to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</p>
<p>Subsection 4.2: Security of people and workforce</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the</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>duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 7 December 2020. Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboard and are checked at least six-monthly. There are two gas barbeques. There is an adequate food supply available for each resident for a minimum of three days. There are water storage tanks which meet requirements. The facility would hire a generator if required from a local company.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there is external CCTV.</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>	<p>FA</p>	<p>The clinical manager and a registered nurse oversee infection control and prevention across the service. The job description outlines the responsibility of the role. 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. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. There is an infection control steering group with representatives from several facilities, and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility</p>

		<p>electronically and results discussed with staff. This information is displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection control specialist from Health New Zealand. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</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 control programme links to the business and quality plans. The implementation of the infection programme of 2024 has been reviewed in January 2025. The service has an outbreak plan and pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a facility infection control team which meets monthly (meeting minutes sighted).</p> <p>The infection control coordinators have completed online education related to their role. There is good external support from the GP, NP, laboratory, Arvida Group support office and Health New Zealand infection control nurse specialist. 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</p>

		<p>prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</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 coordinators are involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with support from the clinical manager, village manager and Arvida Group. The Arvida Group Head of Clinical Governance, Head of Clinical Quality and Head of Wellness Operations provides consultation during the design of any new building or when significant changes are proposed to an existing 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>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, clinical and staff meetings, as well as to the 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 GP and NP to ensure best practice</p>

		strategies are employed at The Cascades Retirement Resort.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, clinical and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern is reported to the Board. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health New Zealand for any community concerns. There have been two outbreaks since the previous audit (Covid-19 in April 2024, and July 2025) which were managed appropriately. There were ready-made isolation kits and posters available to ensure consistency. Affected residents were isolated, and staff who were in close contact with these residents wore PPE. Residents and staff completed rapid antigen tests (RAT) during the Covid-19 outbreak. Family/whānau were kept informed by phone or email. The care centre remained open; however, visitors were requested to sign in, limit their movements and wear appropriate PPE where necessary.</p> <p>The facility followed their pandemic plan, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held to improve on 'lessons learned.' Public Health have advised the facility that they no longer require notification regarding Covid-19 outbreaks.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitizers, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. Cleaning services are provided by dedicated staff seven days per week. Staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</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 facility is committed to providing services to residents without use of restraint. The restraint policy confirms that consideration and application of the use of restraint must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. If a restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a clinical coordinator (RN).</p>

		<p>There are currently no restraints.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the quality meetings and to the clinical manager. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Restraint education includes challenging behaviour and de-escalation.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.