

Waikanae Country Lodge Limited - Waikanae Country Lodge

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: Waikanae Country Lodge Limited

Premises audited: Waikanae Country Lodge

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

Dates of audit: Start date: 22 July 2025 End date: 23 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: 58

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

General overview of the audit

Waikanae Country Lodge is part of the Arvida Group and provides hospital (geriatric and medical), rest home, and residential disability services (physical) for up to 79 residents. At the time of the audit there were 58 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and Ministry of Social Development for the provision of disability support services. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, families/whānau, management, staff, and a nurse practitioner.

The village manager is supported by a clinical manager, a clinical coordinator, 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.

A continuous improvement has been awarded for the improvements to the activities programme.

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.

Waikanae Country Lodge provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service has connections with Pacific community groups who provide support for Pasifika peoples. 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. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed, and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The business plan for the financial year 2025 includes measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled with corrective actions as indicated. A health and safety programme is implemented.

There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy is 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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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.


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

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

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

Planned discharges or transfers were coordinated.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current Building Warrant of Fitness. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents can personalise their rooms to their taste. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade.

There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies through training and holding sufficient supplies. There is always at least one staff member on duty with a current first aid certificate.

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 residents, staff, and visitors. The infection control programme is implemented, meets the needs of the organisation and provides resources to inform the staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Pandemic response plans are in place, and the service has access to personal protective equipment supplies. There have been two outbreaks since the last audit, which have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	170	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>The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of the Māori health plan is to provide equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>At the time of the audit there were no residents who identified 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. Waikanae Country Lodge has established connections with the local Marae who provide guidance and support for Māori peoples.</p> <p>The service currently has staff members who identified as Māori. The village manager stated that they support a culturally diverse workforce and will interview Māori applicants when they do apply for employment opportunities. Arvida has a Māori Advisory Group which</p>

		advises and provides support for any cultural issues arising from the Villages. The advisory group also consults with the clinical governance group on matters where policy or practice change may be required.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pasifika communities to produce their Pacific health plan. There were no residents that identified as Pasifika at the time of the audit. The service has connections through Pasifika staff and with Pacific community groups who provide support for Pasifika peoples.</p> <p>The village manager advised that family/whānau of Pasifika residents (when they have any) would be encouraged to be present during the admission process, including completion of the initial assessment and care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. There were current staff who identified as Pasifika. The village manager stated that they support a culturally diverse workforce and interview Pasifika applicants when they apply for employment opportunities.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the bi-monthly resident and family/whānau meetings. Interviews with seven residents (four rest home and three hospital level of care) and four family/whānau (four rest home level of care) reported that the residents' rights are being upheld by the service.</p>

		<p>Sixteen staff interviewed including; one clinical coordinator, five wellness partners (caregivers), three registered nurses (RN), two wellness leaders, one maintenance supervisor, two laundry persons, one housekeeper, and one chef described how they uphold the code of rights in relation to their role. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available to residents.</p> <p>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. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</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. 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</p>

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

		<p>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>Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is documented in resident electronic files.</p> <p>The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family/whānau health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. At the time of the audit there were no residents who did not speak English; however, Waikanae Country Lodge has appropriate communication strategies in place for staff members should any resident require support.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the</p>

		<p>agreement. 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 on services involved. 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. Eight resident files were reviewed including four hospital level (one resident on a YPD contract and one resident on respite), and four rest home level, which included signed general consent forms. General consent forms included the consent for treatment, the use of photographs, and transportation. Other specific consent forms include vaccinations such as influenza vaccine and Covid vaccines and boosters. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Discussions with wellness partners confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>There is an Advance Directive policy, which includes resuscitative authority. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Admission agreements had been signed and sighted in the sample of files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where available. Letters around mental capacity (where required) were signed appropriately and EPOAs were activated. An alert is activated on resident electronic files where the EPOA has been enacted. Training has been provided to staff around the Code and informed consent as part of the</p>

		mandatory training.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using an electronic complaint register. There have been three complaints (one in 2024 and two in 2025 year to date) made since the last audit in February 2024. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaint from 2024 was made through Health and Disability Commissioner (HDC). The complaint has been investigated and responded to by the service. They are awaiting a response from HDC. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and in RN/clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaint forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bi-monthly and 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. 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. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p>
Subsection 2.1: Governance	FA	Waikanae Country Lodge is owned and operated by the Arvida

<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>Group. The service is certified to provide rest home and hospital (medical and geriatric) and residential disability services – physical level of care for up to 79 residents. There are 59 dual purpose beds (however one bed was unavailable at the time of the audit due to roof repairs), and 20 beds in the serviced apartments (certified for rest home level care with no rest home residents in the serviced apartments at the time of the audit). At the time of the audit there were 58 residents in total including; 31 rest home level care; and 27 hospital level care, including three residents on a younger person with a disability (YPD) contract and one resident on respite care. There were no rest home residents in the serviced apartments at the time of the audit. The remaining residents were all under the aged-related residential care (ARRC) contract. There were no double/shared rooms or couples. All resident rooms are single occupancy.</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent, team of five professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. Arvida Group’s Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The executive team comprises of nine experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted into their roles.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from the regional managers who provide mentoring, and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters and occupancy. Residents and family/ whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at</p>
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	<p>Waikanae Country Lodge. The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, clinical manager representative, expert resident, and wellness leader/manager representative, RN and pacific representative, Māori practitioner (VM and RN) and regional manager representative. Clinical governance ensures a co-ordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the clinical governance group are incorporated into regular reports to the CEO. The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>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 Waikanae Country Lodge are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. Arvida has a Māori Advisory Group who have been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant and education with staff at all levels, and ensuring an increased awareness in cultural safety. The Arvida Living Well Community 2025 (financial plan) business plan is specific to Waikanae Country Lodge and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance.</p> <p>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</p>
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		<p>whaikaha. Cultural safety is embedded within the documented quality programme and staff training. Through implementation of the Attitude of Living Well framework and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life and staff are respectful of the resident’s preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. Every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The village manager has been in the role for four years and is supported by a clinical manager who has been in the role for four years and at Arvida for 15 years. The village manager oversees the implementation of the quality plan with support from the clinical manager. The clinical manager is responsible for regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk. The management team is supported by a clinical coordinator, team of registered nurses and care staff. The head of clinical quality was actively present on site at the time of the audit and is involved in ensuring the service delivery and clinical effectiveness improve to maintain a high standard as expected from the Arvida Group.</p> <p>The village manager and clinical manager have completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</p>
<p>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>Waikanae Country Lodge 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. Bi-monthly quality improvement meetings, quarterly RN/clinical and</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>four monthly 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.</p> <p>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 improvement meetings to ensure any outstanding matters are addressed with sign-off when completed. Results from the resident and family/whānau satisfaction survey (March 2025) reported satisfaction with the service being provided. Corrective actions were implemented around the food service and manager visibility. Results were communicated to staff, residents and family/whānau as evidenced in meeting minutes reviewed. All staff are made aware of how to report an accident/incident as part of their induction online learning modules.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in the quality improvement and staff meetings. There was a health and safety plan in place to ensure the overall safety of residents, family/whānau and visitors relating to the construction work at the facility to fix a leaking roof.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance</p>
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		<p>dashboard. Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p> <p>There have been five incidents requiring Section 31 notifications and two Severity Assessment Code (SAC) requirements to the Health Quality and Safety Commission submitted since the last audit. Any outbreaks are reported externally as per policy.</p> <p>A continuous improvement project has been implemented around Arvida's model of care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. The village manager and clinical manager both work fulltime from Monday to Friday. They are supported by a team of registered nurses and wellness partners. In the temporary absence of the village manager, the clinical manager will perform the village manager's role with the support from a village manager at a nearby Arvida facility.</p> <p>The village manager is on call 24/7 for any operational related issues and is supported by the maintenance supervisor. The clinical manager is on call 24/7 for any clinical matters and is supported by the clinical coordinator and head of clinical quality. There is always at least one registered nurse on shift. Extra staff can be called on for increased resident requirements. Separate cleaning staff and laundry staff are employed seven days a week. Interviews with staff confirmed there are sufficient staff to meet the needs of residents. Residents and family/whānau interviewed confirm they are informed</p>

		<p>when there are changes to staffing levels and that any care requirements are attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically through an electronic platform (Altura) and each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. The registered nurses' complete competencies including (but not limited to): medication administration, controlled drug administration, syringe driver and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, moving and handling, and cultural competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. Cultural awareness training is part of orientation and provided annually to all staff.</p> <p>Quality improvement and staff meetings provide a forum to encourage collecting and sharing of high-quality Māori health information. Waikanae Country Lodge supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. There are 32 wellness partners employed. Seventeen wellness partners have completed either a level or higher NZQA Careerforce certificate. There are 10 registered nurses (including the clinical coordinator) and two enrolled nurses with eight of the registered nurses having completed their interRAI training. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Nine staff files reviewed including; one clinical manager, one clinical</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>coordinator, one wellness leader, five wellness partners and one maintenance supervisor evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff who had been employed for over 12 months had an annual appraisal on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction, which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference.</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.</p>

		Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is a policy for managing inquiries and entry into the service. Entry criteria includes a requirement to be needs assessed for rest home, hospital, or young persons with disability (YPD). Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Arvida website and in an information pack. Entry criteria is communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the staff will complete an enquiry form and discuss their needs. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are always treated with respect and dignity. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer.</p> <p>Arvida monitor entry and decline rates. This data includes ethnicity. The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
Subsection 3.2: My pathway to wellbeing	FA	Eight resident files were reviewed including four hospital level (one

<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>resident on a YPD contract and one resident on respite), and four rest home level. Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the wellness leader has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, interim care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. InterRAI assessments are not completed for the residents under YPD and respite funding; however, each has an initial assessment and care plan.</p> <p>A review of resident files shows that each assessment is comprehensive and utilises the tools embedded in the interRAI (or other assessment) system. Where interRAI shows a trigger for a specific need, this is included in care plans. Residents on YPD and respite contracts have a suite of assessments completed. The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. Younger residents (interviewed by the consumer auditor) described how the service supports them to maintain family/whānau relationships. Care plans are comprehensive and include the goals and aspirations of residents and describe the interventions required to achieve these.</p> <p>Medical assessments are completed by the contracted general practitioners (GP) / nurse practitioner (NP), or the resident's own general practitioner (GP) within the required timeframes. Residents then have a three-monthly review by the GP / nurse practitioner (NP), or more frequently if their needs change. The service is supported by a GP and NP from the same practice who provide cover for each other as required. The general practice provides services during working hours and are on call evenings and weekends. The NP (interviewed) confirmed staff work collaboratively and inform them in a timely manner when there are changes to residents' health. The registered nurse and wellness leader complete a form titled "all about me" to identify residents' interests, preferences, previous occupation and significant people and events</p>
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	<p>and this is used to develop a plan for meaningful activities.</p> <p>“All about me” includes cultural assessment and residents and family/whānau interviewed confirmed their input into this. The service facilitates access to traditional Māori health practitioners as needed. There is a contracted physiotherapist onsite for four hours twice per week to undertake assessments for mobility. They are supported by senior wellness partners who also provide a physio assistant role. Their recommendations contribute to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist, dietitian, and nurse specialists from Health New Zealand.</p> <p>Registered nurses and wellness partners described how they involve residents and family/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents’ change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents’ goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are communicated to wellness partners. Where a resident’s progress is different from expected, the family/whānau is informed and the care plan is updated. Long term care plans are living documents and acute changes such as wounds and infections are added to the long-term care plan and resolved when the issue resolves.</p> <p>There are adequate dressing available in treatment rooms. Wound management policies and procedures are in place. At the time of the audit there were 26 wounds being treated including one stage two pressure injury. The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photos are taken to evidence progression or deterioration of the wound. Wound</p>
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	<p>evaluations are documented. Advice can be sought from the wound care specialist where required. Registered nurses and wellness partners interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A wound care specialist is accessed when necessary.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the wellness partners, daily by the registered nurse for hospital level residents and weekly by the registered nurse for rest home level residents but more frequently if there are issues or concerns. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, wellness partners, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; food and fluids; falls risk; and pain if applicable. Neurological observations are completed at accepted timeframes and duration for witnessed and unwitnessed falls. Incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, Rongoā and spiritual assistance. Cultural assessments are completed.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is delivered by wellness partners overseen by a wellness leader. The overall programme has integrated activities that are appropriate for all residents. The activities programme is supported by the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The programme allows for flexibility and resident choice of activity. The wellness leader is completing diversional therapy training. The programme is developed by the wellness leader monthly and tailored to the residents' needs. The activities plan is posted on walls throughout the facility and printed out monthly for residents and included with the newsletter. Feedback on the activities programme is sought at monthly wellness meetings and individually. The facility has a Facebook group where special events and celebrations are shared with family and friends.</p> <p>Waikanae Country Lodge continue to embed the Attitude of Living Well pillars using the community concept to develop and implement resident initiatives. On interview, residents spoke positively of their engagement in the activities programme. Review of the activities schedule shows the following is provided: exercise sessions (such as Steady-as-you-Go strength training); newspaper reading; housie; word games; van outings; bowls; happy hour; entertainers; card games; monthly birthday celebrations; quizzes and bingo; movies and church services. There are weekly van outings that residents interviewed reported enjoying.</p> <p>Calendar events such as Waitangi Day, Matariki, Easter, Christmas, Te Wiki o Te Reo Māori and nurses' day are celebrated. Matariki celebrations include a ceremony to farewell individual residents who have passed away in the last year. Visits by entertainers, and children's groups are included in the programme. Māori residents are offered opportunities to enjoy Māori music and staff engage them by singing waiata, having one to one conversation and including whānau in identifying cultural opportunities.</p> <p>For those that choose not to participate in group activities one to one activities are provided including nails and massage, chats, board</p>

		<p>games and crosswords as examples.</p> <p>Younger residents are supported to attend community events such as swimming and social events. Interviews with younger residents confirmed there is the opportunity to engage with community events.</p> <p>Families take residents on outings, so they continue contact with their wider family/whānau and communities. For those that do not have family, staff confirmed they would facilitate access to the community on an individual basis. Residents and family/whānau interviewed expressed satisfaction with the activities provided.</p> <p>A continuous improvement has been awarded for the strengthening of the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies are safe and meet legislative requirements. Medications are administered by registered nurses and medication competent wellness partners; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked trolleys. All stock medications are stored in locked medication rooms.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Medications are reviewed three-monthly by the GP or NP, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Sixteen electronic medication charts were reviewed, on the electronic medication platform. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was maintained. When</p>

		<p>changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. Arvida do not have standing orders.</p> <p>There are policies in place to facilitate a process for younger persons and other residents who wish and are competent to self-administrate medications. There are seven residents self-administering their medications. Residents self-administering their medicines had a locked cabinet in their room. Medication competencies have been completed three-monthly.</p> <p>There are no vaccines kept on site. Over-the-counter medication and supplements are considered by the GP / NP and prescribed on the medication chart, including Rongoā Māori for Māori residents if applicable. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes.</p> <p>The medication rounds were observed and seen to be safe. Staff explained the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services manager (chef) oversees food services and has been in their role for two months. The chef stated their orientation has been comprehensive. They are supported by two cooks and four kitchen assistants covering the roster over seven days. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida ‘Eating Well’ requirements. The menu provides options for residents to choose from for lunchtime and tea meals. Food preferences and cultural preferences are encompassed into the menu (e.g., hangi, fried bread). The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef visits residents regularly to hear the feedback around the</p>

	<p>food services. Nutritional snacks are available 24/7 in all households.</p> <p>The menu provides pureed/soft meals, as well as gluten free options. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a free-standing fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves as appropriate. There is a verified food control plan.</p> <p>Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are served directly from the kitchen to the residents in the dining area. The dining rooms are spacious and provide ample space for residents using mobility aids. There is plenty of space for residents with power chairs to move safely within the dining room. Residents may choose to have their meals in their rooms. Food is transported in hot boxes for those residents in their rooms, food is plated, covered to keep the food warm, transported to the rooms and served by staff to residents, according to the choices the residents have selected. Food temperatures are consistently recorded for all meals.</p> <p>Residents provide verbal feedback on the meals through the resident meetings. Resident preferences are considered with menu reviews. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss or unexpected weight gain. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes. The meal services in the dining room were observed to have a pleasurable environment</p>
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		during the lunch meal observed.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. To coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital.</p> <p>Relevant documentation sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Residents' needs and potential risks are communicated to the referring health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included a referral to the dietitian and speech language therapist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness. The maintenance supervisor works 40 hours per week. The maintenance manager uses an electronic system to record information. The maintenance plan is developed by Arvida and tailored to the site at Waikanae Country Lodge. Staff log maintenance and repair requests. This is checked by maintenance staff daily and entered into the electronic system. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness's for the two facility vehicles used to transport residents for outings are current. There is an annual maintenance plan that</p>

	<p>includes electrical testing and tagging, medical equipment checks, call bell checks and monthly testing of hot water temperatures. Medical equipment checks and calibration of clinical equipment has been checked. Testing and tagging of electrical equipment has been completed. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold.</p> <p>The facility has two levels with offices situated on the first floor and the care centre is on the ground floor. There are two dining areas. The main dining room is adjacent to the kitchen and several residents from the rest home, hospital and serviced apartments utilise this dining room. The second dining room is where residents who require more assistance and greater supervision with their meals. There is safe access to all communal areas. The communal areas (internally and externally) are easily accessible for residents with mobility aids. There are a range of seating areas and communal spaces for residents and relatives to enjoy. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required during the audit. There is safe access to the courtyard and gardens where planter boxes have been placed so residents can grow herbs for their meals. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade.</p> <p>All resident rooms are single occupancy. Residents can personalise their rooms to their taste. Some resident rooms have full ensuites and others have shared or private toilets. All rooms have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. There is sufficient space in toilet and shower areas to accommodate shower chairs if appropriate. All resident rooms and communal areas have ample natural light and ventilation. Heat pumps/air conditioning units are in communal areas and corridors. During the audit it was noted that the facility was maintained at a warm comfortable temperature. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. At time of audit there was construction work occurring to fix a leaking roof. This area was blocked off and was not affecting</p>
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		<p>residents' movement. There was a health and safety plan in place to ensure the overall safety of residents, family/whānau and visitors is maintained for the duration of the work.</p> <p>There are no plans for re-development, however the village manager interviewed reports Arvida would be open to seeking advice and input from Māori representatives to ensure Māori aspirations are included. The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management plan guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation scheme is in place that has been approved by Fire Emergency New Zealand, dated 13 May 2004. Fire evacuation drills are repeated six-monthly. Visitors and contractors are informed of what to do in the event the fire alarm.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance supervisor checks the civil defence supplies six monthly. There are adequate supplies in the event of an emergency including; a water tank (10,000 litres) and also stored bottled water, sufficient for 20 litres per resident for seven days. Alternative cooking facilities are available for any power cuts including; two BBQ and gas Hobs in the kitchen. There is sufficient food stock if needed. There is no generator on site, however Arvida Group support office will hire mobile emergency generators for the facility if there is a power failure. The generator contractor contact details are included in the emergency management plan.</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7.</p>

		<p>The call bell system is monitored for response times. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The service utilises security cameras throughout the facility, located at the main entrance, car park, facility perimeter, nurses' stations, kitchen, hallways and exit doors. Staff complete regular security and safety checks overnight. An external security company completes two nightly security checks.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Infection control is part of the strategic and quality plans. Emergent issues are reported to the support office and Board immediately.</p> <p>The service has access to the infection control specialist from Health New Zealand or the Public Health unit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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</p>	<p>FA</p>	<p>The clinical coordinator (registered nurse) oversees infection prevention and control across the service. The job description outlines the responsibility of the role. They are supported in their role by the clinical manager and village manager. There is a facility infection control team, which has a representative from all service areas. The infection control coordinator has completed online education and has attended further training delivered by Health New Zealand infection control nurse specialist. There is good external support from the GP, laboratory, and the Health New Zealand</p>

<p>scope of our services.</p>	<p>infection control nurse specialist.</p> <p>The infection prevention and control programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. There is an infection control steering group with representatives from several facilities. They meet three monthly to support all villages. Infection control audits are conducted. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards.</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment (PPE). Extra PPE is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, which acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the 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</p>
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		<p>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 coordinator is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the clinical manager, village manager and Arvida Group. The Arvida Group ensure there is infection control consultation during the design of any new building or when significant changes are proposed to an existing facility.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has 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, infection control and staff meetings, as well as Arvida Group support office.</p> <p>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 / NP to ensure best practice strategies are employed at Waikanae Country Lodge. An interview with the NP confirmed their input into review of antimicrobial use for the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</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,</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system.</p> <p>Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health NZ for any community concerns. There have been two Covid-19 outbreaks since June 2024. The facility followed Arvida pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned.' There are accessible isolation kits and posters available to ensure consistency in the management of 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 and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning services are provided seven days a week. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. Rooms have an ensuite and commodes are not used. There is a sluice room adjacent to the laundry area that includes a sanitiser, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety</p>

		<p>training.</p> <p>All laundry is completed on site. The laundry has clean and dirty entrances and a defined workflow. The laundry is operational seven days a week. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked with good quality linen. Linen is transported in covered trolleys. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. Environmental audits are completed and include the built, laundry and cleaning processes; this is monitored by the infection control team.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. There is access to an advocate to ensure the voice of residents, Māori and family/whānau, is evident when restraint is considered.</p> <p>The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit. An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by the Arvida Restraint Steering Committee. This is achieved using proactive de-escalation strategies. The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint</p>

		<p>approval process (should it be required) includes the resident (if competent), general practitioner, restraint coordinator, registered nurse and family/whānau approval.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually. The restraint register is maintained and updated two-monthly. Restraint programme is discussed as part of the monthly quality meeting.</p>
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>The activities programme has been strengthened following dissatisfaction noted in the 2024 satisfaction survey.</p>	<p>Resident satisfaction survey feedback (2024) reported dissatisfaction with the activities being offered. Resident meeting minutes informed activities were often repetitive, boring, and failed to meet individual needs (April 2024). Residents also said once the activities staff left for the day there were limited resident led activities for residents to engage in, especially in the evenings and over the weekends.</p> <p>As a result of this feedback a focus group was formed comprising staff (wellness leaders, wellness partners) and residents. The purpose of the group was to identify how resident and staff engagement, particularly in respect of embedding wellness-focused activities could be improved. Records of the journey were tracked through resident meeting minutes. The most talked about recent example of the focus group’s work has been the transformation of an underutilised area into a multifunctional space where residents can now meet, have fun and reflect on the week. Residents have had full engagement in how the space has been refurbished and in activities now offered using the space. There has been a noticeable change since 2024 with the engagement of both residents in activities (noted</p>

			a positive trending through the report from the 2025 recent survey) and staff survey. During the audit, the area was observed to be being well used by residents and their family/whānau. Interviews with wellness partners and residents said they were pleased with the changes to both the space and the involvement of the wellness partners in delivery of the activities programme.
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End of the report.