

# The Wood Lifecare (2007) Limited - The Wood Lifecare

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** The Wood Lifecare (2007) Limited

**Premises audited:** The Wood Lifecare

**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: 19 August 2025 End date: 20 August 2025

**Proposed changes to current services (if any):** The service has notified HealthCERT of a refurbishment which has resulted in a reconfiguration of bed numbers. A reconfiguration letter was sighted to include the result of the numbers following the completion of all refurbishments.

At the time of the audit following the refurbishment there are 34 hospital level beds The rest home beds have decreased from 30 beds to 20 beds. There are nine dual purpose beds (including two double rooms suitable for couples) and 34 serviced apartments which have all been previously certified as rest home level of care.

There was a further project in place where the 10 (of the previous 30) rest home beds were decommissioned to be reconfigured into a further six serviced apartments. This was not included in this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 66**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

The Wood Lifecare provides hospital (geriatric and medical), rest home and residential (physical) disability levels of care for up to 112 residents. At the time of the audit there were 66 residents in total.

The facility has completed some upgrades which were in progress, which has resulted in the reconfiguration of rooms. At the time of the audit a reconfiguration request was completed to notify HealthCERT of the changes.

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

The village manager is supported by a clinical manager and a team of experienced care staff. Support for villages is provided by the Arvida Group support office. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the Standard.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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The Wood Lifecare 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 Pacific 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.
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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.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for assessment, care planning and evaluations, which are completed within the required timeframes. There is a contracted general practitioner practice who visit weekly and are available on call after hours. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau. Medication management policies are in accordance with legislation and best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications. Activities are planned and delivered by a wellness leader and wellness partners. A broad range of group and individual activities are provided. Cultural diversity is celebrated.

All meals and baking are prepared and cooked on site by a trained chef and cook. Dietary preferences, allergies, intolerances, and specific needs are catered for. There is a process in place for the safe transfer and discharge of residents.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Some subsections applicable to this service partially attained and of low risk.

There is a building warrant of fitness. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas. 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. All residents have a call bell or pendant for their use.

## 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.

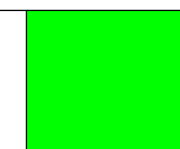
Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. 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 has been one outbreak since the last audit, and this was 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.
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Restraint minimisation and safe practice policies and procedures are in place. The Wood Lifecare aims to maintain a restraint-free environment, and only uses restraints as a last resort when all other alternatives have been explored. At the time of the audit there was one resident using restraint. Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. The leadership team and governance are committed to work towards strategies to eliminate restraint, and this is documented in the strategic plan.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	3	0	0	0
Criteria	0	176	0	4	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 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. The Wood Lifecare has established connections with the Ngāti Kūia, who provide guidance and support for Māori peoples.</p> <p>The service currently has staff members who identify 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>

		<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>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pacific communities to produce their Pacific health plan. There were residents that identified as Pasifika at the time of the audit. The service has connections with Pacific staff and Pacific community groups who provide support for Pacific peoples.</p> <p>The village manager advised that family/whānau of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The village manager stated that they support a culturally diverse workforce and interview Pacific applicants when they do apply for employment opportunities. Twenty-one staff interviewed (seven wellness partners (caregivers), five registered nurses (RN) [including two clinical coordinators], one enrolled nurse [EN], one wellness leader, educator, administrator, health and safety representative, one kitchen manager, one maintenance supervisor, one laundry person and one housekeeper) confirmed all cultures were treated equally and welcomed to the workplace.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The 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 bimonthly resident and family/whānau meetings. Interviews with</p>

		<p>six residents (three rest home and three hospital level of care) and four family/whānau (three rest home and one hospital level of care) reported that the residents' rights are being upheld by the service. A consumer auditor participated in the interview process and interviewed one younger person with disabilities (YPD) and two family/whanau of YPD residents.</p> <p>Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services, and 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. 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. The model of care for residents with disabilities is strength based and aligns with Enabling Good Lives. Residents interviewed by the consumer auditor stated they have control over their choice and personal matters, including choice over activities they participate in, and who they socialise with.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in</p>

		<p>relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement, and is integrated into the residents' care plans. Residents interviewed by the consumer auditor, stated they are supported to maintain their identity.</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, by 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 Māori, tikanga Māori, cultural safety and bias in healthcare, and equity training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment is contained in the online training platform, accessible to all staff. The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations. Arvida values</p>

		<p>are 'being there' 'looking for a way' and 'in it together'.</p> <p>These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value 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>Bimonthly resident meetings (household) 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. 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, The Wood Lifecare has appropriate communication strategies in place for staff members, should any resident require support. Residents including younger people with disabilities, are supported with their communication devices, mobile phones, iPad and computers. They are provided with Wi-Fi access.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. The delivery of care includes a multidisciplinary team 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. Informed consent processes were discussed with residents and family/whānau on admission. The electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts, and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) has made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau lives. Discussions with clinical staff confirmed their</p>

		<p>understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code, informed consent, and EPOAs is a mandatory topic delivered and completed as per schedule (via the electronic learning system). The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidenced staff consider the residents' cultural identity, and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. There have been three complaints made in 2024 since the last audit in March 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). Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and in RN/clinical and staff meetings (meeting minutes sighted). 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. The HDC requested more information on the complaint made in July 2023 (reported on in the previous audit); the service has complied with the request. The complaint remains open.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held bimonthly 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-</p>

		face communication, and to include family/whānau participation.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Wood Lifecare is owned and operated by the Arvida Group. The service is certified to provide services (hospital level of care [medical and geriatric], rest home level of care, and residential disability [physical]) for up to 112 residents. At the time of the audit the facility was undergoing refurbishments which has resulted in a reconfiguration and changes in bed numbers. On the day of the audit, a reconfiguration letter was sighted to include the result of the numbers following the completion of the refurbishment. This report reflects the true numbers on the day of the audit.</p> <p>At the time of the audit, bed numbers have decreased from a total of 112 beds to 97 beds. There are 34 hospital level beds which includes five dedicated beds for residential disabilities. The dual-purpose beds have decreased from 12 to nine, and are now referred to as care suites. Two of the care suites were verified as suitable for couples (double rooms). There are now 20 rest home level beds and 34 serviced apartments which are all certified as suitable to provide rest home level of care. There were six rest home level residents residing in the serviced apartments. All of these beds were verified as suitable for their intended purpose.</p> <p>The rest home beds have decreased from 30 beds to 20 beds. Further refurbishments are in progress where the 10 rest home beds had been decommissioned to be reconfigured into a further six serviced apartments which was not at a stage to be part of this audit.</p> <p>On the day of the audit there were 66 residents, including 32 rest home residents, which included seven in serviced apartments. There were 29 residents at hospital level of care, including one on Accident Compensation Corporation [ACC], and one on a long-term support - chronic health care [LTS-CHC] contract. There were five residents on a younger person with disabilities -physical (YPD) contract (all hospital level of care). All other residents were on the aged related residential care contract (ARRC).</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced,</p>

	<p>independent, team of six professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. Arvida Group's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The executive team comprises of nine experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted into their roles.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at each site, 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, infection outbreaks and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor and evaluate the service delivery at The Wood Lifecare. 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, expert resident, village manager and Māori representative, regional manager and wellness leader/manager representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the clinical governance group are incorporated into regular reports to the CEO and Board. 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</p>
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		<p>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.</p> <p>The working practices at The Wood Lifecare are holistic in nature, inclusive of cultural identity, spirituality, and respect the connection to family/whānau, and the wider community as an intrinsic aspect of wellbeing. 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, education with staff at all levels, and ensuring an increased awareness in cultural safety. The Arvida Living Well Community FY 2026 (financial plan) business plan is specific to The Wood Lifecare and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals related 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 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-centred environment.</p> <p>The village manager (a registered nurse) has been in the role since October 2024 and has many years' experience in management of healthcare services. The village manager is supported by a clinical manager, who has been in the clinical manager role for eight months and prior to this worked in the clinical coordinator role within the hospital wing and has been at Arvida for a total of six years. The village manager oversees the implementation of the quality plan, with</p>
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		<p>support from the clinical manager. The clinical manager is responsible for regular reporting to the village manager, which includes infection control and analysis of adverse events and summaries of clinical risk. The management team is supported by a team of RNs and care staff. The head of clinical quality was actively present on site at the time of the audit and involved in the management of The Wood Lifecare, to ensure the service delivery and clinical effectiveness 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 improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The Wood Lifecare has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff. Three monthly quality improvement meetings, bi monthly RN/clinical and three-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 (June 2025) reported satisfaction with the service being provided. Corrective actions were implemented around new residents' arrival into care, food menu/dining experience, and the</p>

		<p>activities programme. Results were communicated to staff, residents and family/whānau, as evidenced in meeting minutes reviewed.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted, which include the management of noise and dust during the current refurbishment project. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in the quality improvement and staff meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in 18 electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard. Culturally inclusive care training, including modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare, and equity training, is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p> <p>There have been incidents requiring Section 31 notifications and Severity Assessment Code (SAC) notification requirements to the Health Quality and Safety Commission have been completed where required. One outbreak was appropriately notified; however, did not require Public Health notification.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Staffing rosters were sighted and there is staff on duty to match needs of different shifts and the layout of the facility. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover.</p> <p>The village manager and clinical manager both work full-time from Monday to Friday. They are supported by a team of RNs and wellness partners. In the temporary absence of the village manager, the clinical manager will perform the village manager's role, with the support of the administrator.</p> <p>The clinical manager is on call 24/7 for any clinical matters, and is supported by the head of clinical quality and village manager. The village manager is on call 24/7 for any operational related issues. There is always at least one RN on shift in each area (the rest home, hospital, and serviced apartments). A registered nurse from the rest home will oversee the serviced apartments during the weekend and weekdays (pm and night shift). In addition to the RNs, there are two clinical coordinators; one for the rest home and one for the hospital during weekdays.</p> <p>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 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 and each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. The RNs 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</p>
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		<p>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. The Wood Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. The educator is a Careerforce assessor. There are 58 wellness partners employed. Thirty-eight of fifty-eight wellness partners have obtained a level 3 and above NZQA Certificate in Health and Wellbeing. There are 17 RNs (including the clinical manager and clinical coordinators) and one enrolled nurse (EN), with nine of the RNs 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 employee assistance (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</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (one clinical manager, one clinical coordinator, three RNs, one wellness leader, four wellness partners, one kitchen manager) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff who had been employed for over 12 months have an annual 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. An educator (interviewed) supports the induction programme. All staff complete a comprehensive induction, which includes training in the Attitude of</p>

		<p>Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment for 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>	FA	<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 appropriately stored in an archive area and these are sent off site for archiving as per policy, when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>There is a policy for managing enquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level of care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the Arvida website and in an information pack. Entry criteria are</p>

<p>between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>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>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Nine resident files were reviewed, four hospital level (including one on ACC funding and one on LTS-CHC funding), three rest home level (including one resident in a serviced apartment), and two younger people with a disability (both hospital level of care). Registered nurses (RN) 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, and to evaluation. RNs complete initial assessments, interim care plans, interRAI assessments and long-term care planning within the timeframes required by the age-related residential care contract. InterRAI assessments are not required to be completed for the younger people with a disability or the ACC funded resident; however, a full suite of assessments is available in the</p>

		<p>electronic resident management system.</p> <p>Medical assessments are completed by either the contracted GP service or the residents own GP; however, not all residents had an initial GP examination completed within five working days of admission. Resident three-monthly reviews were completed by the GP as a routine, or if their needs change, they are seen when needed. Residents can maintain their own general practitioner. The clinical manager reported the facility has approximately seven different general practices supporting the residents. The GP interviewed confirmed staff work collaboratively and inform them in a timely manner when there are changes. The RN and wellness leader complete a form titled “all about me” to identify residents’ interests, preferences, previous occupation, and significant people and events, and this is used to develop a plan for meaningful activities. The ‘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. The contracted physiotherapist is on site for four hours per week to undertake assessments for mobility. Their recommendations contribute to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system (when appropriate). Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, and cover assessed needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system.</p> <p>Registered nurses and wellness partners described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and they 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>
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	<p>Care plans are reviewed routinely every six months or more frequently if the needs of a resident change. InterRAI assessments are completed before the care plan review, so that outcome measurements are utilised to evaluate progress or identify new needs. Families/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>At the time of the audit there were 24 wounds being treated, including three pressure injuries (one unstageable, and two stage II). The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photos are taken to evidence progression or deterioration of the wound. Wound evaluations are documented. Advice can be sought from the wound care specialist where required, as sighted in files reviewed.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the wellness partners, each shift by the RN for hospital level residents, and weekly by the RN for rest home level residents, and more frequently if there are issues or concerns. If there is a change in the condition of a resident, the RN is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the GP, RNs, 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); behaviour; positioning; bowels; food and fluids; falls risk;</p>
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		<p>and pain if applicable. Neurological observations are completed at accepted timeframes and duration for unwitnessed falls or head injuries. All 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>
<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 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 activities programme is delivered by wellness partners overseen by a wellness leader. The wellness leader works full time and has been involved in developing and delivering activities in aged residential care settings. The programme is developed by the wellness leader monthly and tailored to the resident needs and preferences. The residents decide what they would like to do in the monthly community wellbeing meetings. The monthly activities plan is posted on walls throughout the facility and printed out for each resident. Electronic screens are placed throughout the facility to display the daily activities. Feedback on the activities programme is sought at resident meetings and individually.</p> <p>Review of the activities schedule shows the following is provided: exercises are provided two to three times a week and daily in the apartments; nail treatment; entertainment; card games, knit and natter; relaxation sessions; word games; garden group; preschool</p>

		<p>visits; pet engagement; quizzes; housie; happy hour; and movies. Weekly catholic communion services and monthly multi-denominational church services are held. The wellness leader stated residents participate in MasterChef competitions, making bread, dumplings, soups, and baking at times. Calendar events such as Waitangi Day, Matariki, Easter, Christmas, Te Wiki o Te Reo Māori, Diwali, Kings birthday, World Environment Day, and Nurses' Day are celebrated. Resident led activities include fundraising from crafts. Cultural occasions such as Matariki are celebrated. Visits by children's groups occur regularly. A kapa haka group from a local school was observed performing for residents during the audit. Staff confirmed on interview the ways in which they support Māori residents to meet their health needs and aspirations in the community.</p> <p>For those that choose not to participate in group activities, one-to-one activities are provided, including garden walks, newspaper reading, mindfulness colouring, craft, knitting, board games and crosswords as examples. Young people with disabilities are able to participate in a range of recreation, leisure, cultural and community events consistent with their interests and preferences.</p> <p>Van trips occur up to five times a month for picnics; inter village bowls; café visits; exhibitions; and local concerts. The wellness leader takes the residents out in the van (link 4.2.4).</p> <p>Many families/whānau take residents on outings, so they continue to have contact with their wider family/whānau and communities. For those that do not have family/whānau, staff confirmed they would facilitate access to the community on an individual basis. Residents and family/whānau interviewed expressed satisfaction with the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by RNs and medication competent wellness partners; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. Medications are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and</p>

<p>blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in secure medication rooms in the care centre and in the serviced apartments. The medication rooms and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range.</p> <p>All stock 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, in collaboration with the RN and resident and family/whānau. Eighteen electronic medication charts were reviewed on the electronic medication platform. All had photographic identification, and any allergies or adverse drug reactions are recorded on the chart. A sheet of specimen signatures of staff was sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed, and the reasons and effects are documented in the progress notes.</p> <p>The service does not have standing orders. There are two rest home residents who self-administer their medications. They have been assessed as competent, and medicines were seen to be stored in a locked cabinet in their individual rooms. Assessments of competency are completed every three months.</p> <p>Over-the-counter medication and supplements are considered by the GP and prescribed on the medication chart, including Rongoā Māori if there is a Māori resident. Residents and their family/whānau are supported to understand their medicine when required. The general practitioner stated that when requested by Māori, appropriate support and advice would be provided. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes. A medication round was 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>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food and baking are prepared and cooked on site. The kitchen manager is a trained cook and is supported by a team of kitchen assistants and kitchen hands. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 14 June 2026. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines.</p> <p>On the days of the audit, the kitchen was clean and well equipped, with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau, and this is reviewed six-monthly. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in a folder in the kitchen and on a whiteboard. A seasonal menu in a four-weekly cycle is utilised. The menu is reviewed by the Arvida dietitian.</p> <p>During the audit, the meal service was observed in each area. Residents were seen to be enjoying their meals. Residents are offered choice at each meal and cultural preferences are taken into consideration. Staff discreetly assisted residents when needed. There is adequate space in the dining room to accommodate residents and mobility aids. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The kitchen manager likes to meet residents individually to identify their food preferences. The residents’ weights are monitored regularly. Supplements and high protein smoothies are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p>

		<p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective households (wings) in bain-maries and served from heated bain-maries. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The kitchen manager reported the service prepares food that is culturally specific to different cultures. There are residents who identify as Māori. The kitchen manager reported that the needs of residents with specific cultural requirements are met.</p> <p>There is an annual resident satisfaction survey, which includes questions on meals, presentation and choice, and the result of this feedback is used to improve those areas as needed. Choice has improved by conducting menu planning meetings with residents, the village manager and kitchen manager.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed, the RN completes a set of transfer documents, and the GP makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Residents' needs and potential risks are communicated to the referral health service by the RN. A referral is made to other services as required, and examples were sighted, including a referral to the dietitian and wound nurse specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a current warrant of fitness that expires 4 August 2026. The maintenance supervisor works 40 hours per week, plus a part-time maintenance person (three days per week). There is also a head gardener. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. The maintenance manager uses an electronic system. The maintenance plan is developed by Arvida and tailored to the site at the Wood Lifecare. Staff log maintenance and repair requests. This is checked by maintenance staff daily and entered into the electronic system. The system tracks how many hours from when the data was entered, to when the task is completed, and at what stage the process is at. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness for the van used to transport residents for outings is current.</p> <p>There is an annual maintenance plan that 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 was last checked in July 2025 and September 2025, respectively. Testing and tagging of electrical equipment was completed in July 2025. Hot water temperatures are monitored, with records evidencing several recordings exceeding 45 degrees Celsius in resident rooms. Corrective actions are completed for any temperatures above the required threshold.</p> <p>There is a main reception area with the offices, a library, big lounge and hair salon, main lounge, and main dining room (rest home). The hospital (continuing care wing) has a separate entrance, main dining room and lounge. There are smaller lounges located through the facility. The facility is accessible to meet the mobility and equipment needs of people receiving services.</p> <p>The building has two floors. The building is undergoing construction with reconfiguration of floor spaces and rooms.</p> <p>Care centre:</p> <p>The rest home beds have now decreased to 20. All rooms are single occupancy.</p> <p>The hospital level beds have reduced to 34; the dual purpose rooms</p>
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	<p>have decreased to nine dual purpose beds (care suites) and includes two double rooms suitable for couples. Each area has their own nurse's station.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Wellness partners interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. There are internal and external courtyards with seating and shade available.</p> <p>All rooms are single occupancy with full ensuite facilities, except for six in the rest home (with only toilet and basin). The communal showers have privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>There are two sluice rooms with a sanitizer, stainless steel bench, and separate handwashing facilities in each care area.</p> <p><b>Serviced Apartments</b></p> <p>The apartments are a mixture of studios and apartments located within the care centre, situated near the rest home nurses station. Rooms are spacious with ensuite facilities to provide care for residents. Fixtures, fittings and flooring is appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Upstairs apartments opened to a safe balcony with seating and shade. There are two lifts to the upstairs apartments and stairs available for easy</p>
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		<p>access.</p> <p>There is safe access to all communal areas and internal courtyards. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home residents.</p> <p>The apartments upstairs have their own servery kitchen with a bain-marie. There is a large lounge adjacent to the dining room and smaller reading lounge near the lift.</p> <p>The apartments also have personal laundry facilities.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat pumps and ceiling heaters. Temperature can be controlled in the rooms.</p> <p>One dining room on the ground floor is adjacent to the kitchen. Seating and space in the lounges are arranged to allow both individual and group activities to occur. All communal areas are accessible to residents. Wellness partners assist or transfer residents to communal areas for dining and activities. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> <p>The residents and family/whānau interviewed confirmed that internal temperatures were comfortable during the summer and winter months. The external courtyards and gardens have seating and shade. There is safe access to the outdoors. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There has been consultation with Māori throughout the refurbishments, this has been implemented by the head office.</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</p>	<p>PA Low</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. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation scheme application is currently under review with Fire and Emergency New Zealand (FENZ). Fire</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>evacuation drills are repeated six-monthly, with the last one being held on 28 May 2025.</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 monthly. 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. There are sufficient food stocks for three days if needed. Visitors and contractors are informed of what to do in the event the fire alarm sounds.</p> <p>There are adequate supplies in the event of an emergency. There is sufficient water for three litres per resident, for three days. Alternative cooking facilities are available for any power cuts, including a BBQ and gas hobs in the kitchen. 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. The wellness leader takes residents out in the van without a second staff member. The wellness leader is not first aid trained. 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>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.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with The Wood Lifecare. Infection prevention and control is linked into the electronic quality risk and incident reporting system, and is part of the strategic and quality plans. Infection rates are presented and discussed at quality improvement, RN/clinical and staff meetings. Infection control data is also sent to the Arvida Group support office, where it is reported regularly at Board meetings. The service has access to an infection prevention and control specialists through Health New Zealand.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical coordinator from the hospital (RN) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection prevention and control coordinator has completed online education related to their role through Health New Zealand. The infection prevention and control programme links to the business and quality plans. The implementation of the infection prevention and control programme of 2024 has been reviewed in January 2025. There is a facility infection prevention and control team which meets bimonthly (meeting minutes sighted). The service has an outbreak plan and pandemic response plan, which includes Covid-19, and details the preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests. Infection prevention advice is sought from various areas, depending what advice is required, including support office (wellness and care clinical governance and/or clinical quality), resident's GP, laboratory, the Arvida pandemic team (and consultant virologist), or Health New Zealand infection prevention and control nurse specialist.</p> <p>There is ample personal protective equipment (PPE). Extra PPE is available as required. The infection prevention and control manual outline 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 prevention and control coordinators. Policies are available to staff. 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. Internal audits are completed, and any corrective actions identified are followed up and signed off when completed. The service has information around infection prevention and 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 o Waitangi.</p> <p>The infection prevention and control policy states that the facility is</p>

		<p>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. 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 hand hygiene competencies. Resident education occurs as part of the daily cares. Posters regarding good infection prevention and control practice were displayed in English and te reo Māori. There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The head of clinical governance and the infection prevention and control coordinator are involved in the procurement of high-quality consumables, PPE, and wound care products, with the support from the clinical manager, village manager and Arvida Group. The head of clinical governance and head of clinical quality provided consultation during the design and changes to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality improvement, RN/clinical and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection prevention and control coordinator works in partnership with the GPs and nurse practitioner to ensure best practice strategies are employed at The Wood Lifecare.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management</p>

<p>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>system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically, and results discussed with staff. This information is displayed on staff noticeboards. Infection control surveillance is discussed at quality improvement, RN/clinical, and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern are reported to the Board. Ethnicity data analysis around infections are captured by Arvida Group.</p> <p>Internal infection prevention and control audits are completed, with corrective actions for areas of improvement. The Arvida Group support office and Health New Zealand send email notifications and alerts for any community concerns. There has been a scabies outbreak since the previous audit (June 2025), which was managed appropriately. The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. A debrief meeting occurred afterwards to improve on 'lessons learned.'</p> <p>There is ready made isolation kits available in an event of isolation of residents.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is a sluice room in the laundry, with a sanitiser, a stainless-steel</p>

		<p>bench, a sink, and separate handwashing facilities. Goggles and other PPE are available.</p> <p>Staff have completed chemical safety training. Cleaning services are provided by dedicated staff seven days per week, and staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control. All laundry is completed on site seven days a week. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</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 service has a current restraint policy in place. Its aim is to maintain a restraint-free environment. The clinical governance group demonstrated a commitment to this, supported by the management team. The Wood Lifecare has one resident using bed rails as restraint. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board. The policies and procedures reviewed meet the requirements of the Standard. An RN is the restraint coordinator. They provide support and oversight, when restraint is considered. The restraint coordinator was not available for interview; the clinical manager was interviewed. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative culturally specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance is put forward to the clinical manager and village manager. The team considers approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used. The leadership</p>

		<p>team provide oversight of restraint processes, who confirm Arvida are committed to ensuring the voice of people with lived experience (and/or their family/whānau), and Māori are involved in oversight of restraint practices.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation. The commitment to staff training is ongoing. Staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p>
<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained. The file of the one hospital resident using restraint (bed rails) was reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The resident was using restraint as a last resort, to promote safety as per the activated EPOA. Written consent was obtained from the resident and/or their EPOA. The use of restraint approval includes the restraint coordinator, resident and/or their EPOA, and the general practitioner, and is reviewed three-monthly. No emergency restraints have been required; however, staff are aware of the process to follow if one was required, including debrief process.</p> <p>Monitoring forms are completed for the resident using restraint and review of the resident's records confirmed they have been completed as scheduled. All restraints are scheduled to be monitored two-hourly. Monitoring takes into consideration resident's cultural, physical, psychological, spiritual, and psychosocial needs. Māori staff are available as required for advice regarding cultural aspects of the restraint.</p> <p>There have been no documented incidents related to restraint use. Restraints are regularly reviewed and discussed in facility meetings. The formal and documented review of restraint use takes place six-monthly as part of the internal auditing process, with the last quality review and audit of restraints completed in May 2025, with results</p>

		demonstrating compliance with expected standards.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The facility continues to work towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The facility includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings. The three-monthly and annual review is completed by the restraint coordinator, the general practitioner and the family/whānau/EPOA.</p> <p>Review of facility records indicates a three-monthly review of the resident using restraint. The measures are discussed and evaluated with residents, EPOA, staff, and the general practitioner are appraised of outcomes. The resident utilising restraint and their EPOA has input into the review process.</p> <p>Restraint data, including any incidents, are reported as part of the monthly reporting to clinical governance. The clinical manager described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Registered nurses are responsible for all assessments on admission. Residents and family/whānau have input into assessments and care planning. Registered nurses complete the initial assessments and interim care plans within the timeframes required by the contracts held. Medical assessments are completed by either the contracted GPs or the resident’s own GP. Not all residents had an initial GP examination completed within five working days of admission as required contractually. Resident three-monthly reviews were completed by the GP as routine, or if their needs change, they are seen when needed.</p>	<p>Three rest home resident files, one hospital resident and the file of a younger person with a disability (hospital level) did not have an examination by a general practitioner or nurse practitioner within five working days of admission. Three residents (two rest home, one hospital) were seen eight working days following admission, the remaining two over 16 working days following admission.</p>	<p>Ensure residents are examined by a general practitioner (or nurse practitioner) within five working days of admission.</p> <p>90 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>The building holds a current warrant of fitness. The maintenance team address day to day repairs and ensure planned maintenance is completed. The maintenance manager uses an electronic system (observed). The maintenance plan is developed by Arvida and tailored to the site at The Wood Lifecare. Staff log maintenance and repair requests. This is checked and implemented by maintenance staff daily. The annual maintenance plan includes hot water temperature monitoring. Records showed there were ongoing issues with temperatures exceeding 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold.</p>	<p>Water temperatures are tested monthly, with August records showing four of ten taps recording between 46.7 to 52 degrees Celsius. On the day of audit, a tap in two resident rooms were checked and reached a temperature of 48.1 and 48.3 degrees Celsius.</p>	<p>Ensure hot water temperatures in resident rooms do not exceed 45 degrees Celsius.</p> <p>90 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Low</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The Wood Lifecare does not have a fire service approved evacuation scheme. A fire evacuation scheme application is currently under review with FENZ. The provider informed there is an onsite meeting scheduled with FENZ August 2025 to progress their application. Fire evacuation drills occur six-monthly, with the last being completed 28 May 2025.</p>	<p>The Wood Lifecare does not hold a current FENZ approved evacuation plan.</p>	<p>Ensure there is a New Zealand Fire Service approved evacuation plan.</p> <p>90 days</p>
<p>Criterion 4.2.4</p>	<p>PA Low</p>	<p>Emergency management is included in staff orientation and external contractor</p>	<p>Up to five residents go on van outings with the wellness leader. The wellness</p>	<p>Ensure van outings include a first aid</p>

<p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>		<p>orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7 in the facility. The wellness leader takes residents out in the van without a second staff member. The wellness leader is not first aid trained.</p>	<p>leader drives the van and is the only staff member in attendance. The wellness leader is not first aid trained.</p>	<p>trained staff member.  90 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.