

Bethlehem Shores Living Well Limited - Bethlehem Shores Living Well Ltd

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bethlehem Shores Living Well Limited
Premises audited:	Bethlehem Shores Living Well Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 5 February 2026 End date: 5 February 2026
Proposed changes to current services (if any):	The organisation has built a new care centre, which is part of the Bethlehem Shores Village.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility. On the ground floor, there are 10 rooms in the secure dementia unit.

Across ground level, level one and level two, there are 45 dual-purpose rooms (care suites). Five rooms have been verified as suitable for couples.

The service is planning to open the service on 3 March 2026 upon the outcome of this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

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

General overview of the audit

Arvida Bethlehem Shores is a new care facility within a well-established village. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility.

The service is across three levels. On the ground floor, there are 10 rooms (care suites) in a secure dementia unit, all rooms are for single occupancy.

On the ground floor, level one and level two, there are 45 dual-purpose rooms (across five households). There is one room in each household that is suitable for a couple. The service plans to open on 3 March 2026.

The new service has a village manager (non-clinical). A clinical manager (registered nurse) and clinical coordinator have been appointed. The management team at Arvida Bethlehem Shores is supported by the team at Arvida.

Arvida Group has a well-established organisational structure, which includes a Board of Directors and an executive team. Each of the Arvida facilities throughout New Zealand are supported by this structure. Arvida Group has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the dual-purpose care suites and dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. Arvida Group is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The building is fit for purpose, and the service is prepared for opening upon the completion of staff orientation and the shortfalls related to the physical environment.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

Arvida Group have a quality assurance and risk management programme and an operational business plan. The business plan is specific to Arvida Bethlehem Shores and describes specific and measurable goals that are to be regularly reviewed and updated. There is a transition plan around the opening of the facility.

Arvida Group have in place annual planning and comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. The executive team provide regular updates and reviews and develop policies and procedures. The newly built facility is appropriate for providing these services and meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and

appointment of staff. The organisation has an induction/orientation programme that is being implemented prior to occupancy across two weeks. Required staff competencies will also be completed at this time.

There is a 2026 training plan developed to be implemented at Arvida Bethlehem Shores.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There are sufficient numbers of staff currently employed to cover the roster across each area on opening.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an information pack with sufficient information about the service.

The wellness leader (diversional therapist) will be supported by the Arvida Dementia Wellbeing Coach to develop and facilitate an activity programme with support from the wellness partners (caregivers) in each household. A weekly activity plan has been developed. The programme is designed to include residents with memory loss.

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice, in accordance with the current Medicine Care Guides. The service has planned to implement a safe implementation of the medication system, including ensuring registered nurses and care staff have completed medication training and competencies. All care suites are equipped with a secure medication drawer. There is a secure medication room. An electronic medication system is to be implemented on opening.

The facility has a large workable kitchen in a service area situated on the ground floor. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotboxes to each area. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. There is a café on site.

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

The building is completed and fit for purpose. Ready for occupation under an Occupation Right Agreement. All building and plant have been built to comply with legislation. The ground floor dementia unit is secure and has a landscaped courtyard.

There are handrails in ensuites and hallways. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. The care suites in the dementia unit and the dual-purpose households all have a separate lounge, ensuite and bedroom. There are ceiling hoists installed in the dual-purpose units on level two.

Communal areas in all areas are well designed and spacious and allow for a number of activities.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence, and disasters.

A call bell system has been installed throughout the facility, activated and ready.

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

There are clear lines of accountability, which are recorded in the infection control policy. The clinical manager has been appointed as the infection control officer across the facility. Monthly collation of infection rates is scheduled to be completed. Infection control is an agenda item of the quality meeting and registered nurse meeting. Arvida Group undertakes monthly benchmarking of infections and there is a company-wide infection control group.

Arvida Bethlehem Shores has housekeeping and laundry policies and procedures in place. There is a large laundry in the service area of the ground floor with clean and dirty flow. The facility includes secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The induction programme prior to opening includes training around restraint elimination and competency assessments. Competencies are to be completed annually. The clinical manager is appointed as the restraint coordinator. Restraint meetings are to be held as part of the monthly registered nurse meeting. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme prior to opening.

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	12	0	2	0	0	0
Criteria	0	47	0	3	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 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>Arvida Bethlehem Shores is a newly built care centre within an established independent living village. The care centre being certified is across three floors.</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home, hospital (medical and geriatric) and dementia level care in the new facility (ground level, level one and level two). Noting there are 55 independent serviced apartments (Living Well apartments) within the same building across four floors (ground level, level one to level three).</p> <p>Across the ground floor, level one and level two there are five households comprising of nine beds each. Four of the households has one room suitable for a couple. All rooms are suitable for dual purpose care. There is also a secure 10 bed dementia unit on the ground floor.</p> <p>In summary, there are a total of 55 beds (10 dementia beds, 45 dual purpose beds including five rooms suitable for couples). The service is planning to open on 3 March 2026. All rooms are available on an occupation right agreement (ORA).</p> <p>There are several governance bodies within the Arvida Group. The</p>

	<p>Arvida Group Limited Board of Directors is an experienced, independent, team of five professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. Arvida Group's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The executive team comprises of eight experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted into their roles.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from the regional managers, who provide mentoring, and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at Arvida Bethlehem Shores. 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 who are 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, village manager, clinical manager representative, expert resident, and wellness leader representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the clinical governance group are incorporated into regular reports to the CEO. The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the</p>
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	<p>Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed.</p> <p>There is a Māori advisor to the board that provides Te Tiriti education to the management team and staff. The Māori Advisory Group 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 2026 financial plan and business plan is specific to Arvida Bethlehem Shores and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals related to team engagement, resident satisfaction, and financial performance are documented.</p> <p>Every staff member is expected to be active in implementing the Attitude of Living Well model and philosophy of care and to participate in the quality programme, to support a resident-centred environment.</p> <p>The village manager (nonclinical) has been in the role for two years. The manager is a qualified healthcare auditor with a background of more than 10 years of village management. The village manager is supported by a clinical manager, who has been appointed to their role and will commence employment on 16 February 2026. They have a primary care end perioperative nursing background and have been working for the Covid-19 Directorate. The clinical coordinator has been a clinical manager for four years at another Arvida facility.</p> <p>The village manager will oversee the implementation of the quality plan, with support from the clinical manager. The clinical manager is responsible for regular reporting to the village manager including: infection control, 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 and head of wellness and compliance and were both present on site at the time of the audit.</p> <p>There is a comprehensive induction programme for the clinical</p>
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		manager, and they will be assisted by the head of clinical quality during this period.
<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>	FA	<p>There is a safe staffing policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There are a number of documented rosters available that demonstrates increase in staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents will be kept informed in relation to changing staffing levels.</p> <p>There is a roster for the opening of the care centre and to cover the initial admission of the residents. The roster reflects each floor and includes two households per floor, and is flexible to support residents 'acuity, and the layout of the building. The residents choose their care suites, so initial admission is not just isolated to one floor.</p> <p>The clinical manager and clinical coordinator work full time Monday to Fridays. There is sufficient staff employed to date to cover the roster on opening. Staff currently employed include fifteen wellness partners, and four registered nurses (two are interRAI trained). The service continues to recruit staff including (but not limited to) wellness partners and registered nurses. The service intends to admit 13 residents (ten rest home and three hospital level of care) who are on a waiting list, in a staggered approach over a two-week period from 9 March 2026. The head of clinical quality states there will be appropriate number of staff on the floor to assist with admissions.</p> <p>There is a pool of four casual wellness partners employed to provide support to the roster and resources can be shared between two close-by sister facilities. On call (after hours) services for clinical advice will initially be provided by the clinical manager and clinical coordinator.</p> <p>In the dementia unit the roster includes one wellness partner on each shift (morning, afternoon, and night) supported by the clinical coordinator during the day. During breaks and other assistance, the</p>

		<p>staff will call upon the other staff.</p> <p>In the dual-purpose unit, there are a registered nurses across the morning and afternoon shifts and a registered nurse on night shift. A further four wellness partners are rostered on night shift.</p> <p>All wellness partners are employed at level three and four New Zealand Qualification Authority (NZQA) certificate in Health and Wellbeing. All wellness partners will be enrolled to complete the dementia standards at induction. There is a Careerforce assessor available to support wellness partners through training. Three wellness partners employed have the required dementia standards.</p> <p>Arvida has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection control coordinator, restraint coordinator, health and safety officer, and fire officer. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>The service has a contract with an aged care medical services to provider for general practitioner/ nurse practitioner (GP/ NP) services. Initially the GP will visit twice weekly. The GP service provides on-call cover across 24/7. A physiotherapist has been contracted. Other contracts include a local pharmacy, dietitian through Arvida, and podiatrist.</p> <p>A 2026 education planner (as part of the quality programme annual planner) is available for the service. The service uses the Altura platform. There is a list of topics that must be completed at least two-yearly, and this is reported on. The annual education planner and online learning platform topics include (but not limited to): palliative care training; specialised wound care training; dementia strategy; Treaty of Waitangi; and Māori health. There are online training resources.</p> <p>The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; first aid; restraint; fire evacuation. These are to be completed during induction prior to opening.</p> <p>These courses are included in the induction programme: hand</p>
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		<p>hygiene/infection prevention and control; completion of neurological observations, , van assessment, Code of Ethics, communication; cultural competence; PPE. emergency management.</p> <p>A health and safety team is to commence monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace.</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>PA Low</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, staff training and development.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a policy around professional competencies and requirements for validating competencies. A register of practising certificates is in place for all health professionals employed. (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian) There is an appraisal policy.</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. Competencies are completed at orientation. A two-week orientation programme has been developed for all staff, and this is due to commence the week 23 February This includes (but not limited to): completing orientation documentation; competencies; mandatory training; first aid training; eCase training; syringe driver training; and palliative- end of life training. The orientation programme also includes specific training around (but not limited to): equipment; manual handling; safe chemical handling; Medimap; emergency and fire training; and dementia model of care.</p> <p>The two weeks also includes cultural safety and Te Tiriti training, which supports all staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity</p>

		data is identified at employment.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is a policy for managing enquiries and entry into the service. Entry criteria include a requirement to be approved by the Needs Assessment and Coordination Service (NASC) for rest home, hospital level of care and secure dementia care. There is accurate information about the services available on the Arvida information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers. The information pack includes information about the service, a disclosure statement and an Arvida care suite occupation right agreement. There is a process on admission where residents will be orientated to the households.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is 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 reviewed allows for flexibility, resident choice of activity, includes te ao Māori and cultural events. The activities programme will be delivered by wellness partners overseen by a wellness leader. The wellness leader has been appointed to work full time and is a qualified diversional therapist. Activity resources have been purchased.</p> <p>Activities are planned across seven days. The wellness leader will be supported to implement an activity programme, with support of the wellness partners across the home. A weekly activity plan has been developed, and this will be adjusted as the interests of the residents are determined. The programme will be designed for residents with memory loss. The Arvida dementia wellbeing coach will support the activity team.</p>
Subsection 3.4: My medication	FA	The nursing manual includes a range of medication policies. The

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>service is planning to use a two-weekly pre-packed robotic medication system, with a contract in place from a local pharmacy, for the provision of this service which includes two weekly robotics.</p> <p>There is a spacious locked medication room in the care centre on ground level, level one and two. The medication rooms are fully fitted and functional with space to prepare and store medications. There is a heat pump within each of the medication room. There are hand hygiene facilities. There is a 'return to pharmacy' cupboard that still needs to be secured (link 4. 1.1). The medication fridge and room temperatures will be monitored prior to opening.</p> <p>All residents' rooms have a locked medication drawer in the ensuite where individual medications are stored; medication drawers' temperatures are scheduled as part of the daily room temperatures monitoring (rooms have centralised heating). A medication competent staff member will keep the medication keys securely. The service is intending to roll out Medimap on opening. The managers confirmed appropriate WI-FI services are available.</p> <p>Medication trolleys and medication fridges are available in the medication rooms. The medication rooms are secure and furnished. A self-medicating resident policy and procedure is available if required. Medication training and competencies are to be completed at orientation (link 2.4.4). A competency policy and competency assessment are available.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guide for residential aged care. Arvida do not use standing orders. Registered nurses and the GP are responsible to ensure residents understand their medications. There is a process in place to identify, record, and communicate people's medicine related allergies or sensitivities and respond appropriately to adverse events. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system, and a medication error analysis is to be completed.</p> <p>The care centre manager described ways of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to</p>
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		<p>achieve better health outcomes.</p> <p>All over the counter medications residents wish to take, will be reviewed by the GP/NP, and prescribed on the Medimap system. Standing orders will not be used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a fully equipped kitchen onsite. Arvida has comprehensive nutritional management policies and procedures for the provision of food services for residents. There is a kitchen manager (chef) manager, chef cook, three kitchen assistants and two café assistants employed to date.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the café and dining area. There is a walk-in chiller, freezer, and pantry. There is a 4-week summer winter menu approved by a dietitian (27 October 2025). Food is to be transported in hot boxes to the satellite kitchens in each household. Meals are to be served to residents from the hot boxes in the satellite kitchens by staff. There is a lift near the service area, which will be used to transport food carriers to each floor and dishes back to the kitchen. Crockery, cutlery, specialised utensils and resident food equipment has been purchased.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to an Arvida dietitian.</p> <p>As part of the food safety programme, regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented. Food safety in-service training will be conducted. Māori and Pasifika food service training is also included in the training programme.</p> <p>Meals will be serviced in the spacious dining areas in the households' areas and the dementia unit. Staff training includes assisting resident with their meal in a supportive and caring manner.</p> <p>There is a fridge in the kitchenette in the dementia unit that can hold snacks available 24/7. There is an induction hob in the kitchenette of the dementia unit and dual-purpose units with safety features</p>

		<p>including covers. Boiling water taps in kitchenettes have a safety mechanism.</p> <p>Policies and procedures including tapu and noa and cultural food safety is included in induction. Kitchen staff will be involved in the activities theme months, particularly during cultural theme months and celebrations. The menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested. The kitchen manager is able to alter menus to support cultural beliefs, values, and protocols around food for Māori residents.</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 care centre is completed; building related to the serviced apartments were ongoing. There is not yet a certificate of public use issued. All building and plant have been built to comply with legislation. The environment is inclusive of peoples' cultures and supports cultural practices. The resident areas are fully furnished and carpeted throughout. All toilet and ensuite facilities are completed with handrails. The flowing soap, hand towel dispensers and hand sanitiser dispensers were not yet in place and available throughout.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment on all floors. There are communal mobility toilets near lounges. Visitor toilets are also available.</p> <p>All electrical equipment and other machinery are new and will be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased to be delivered on 11 February 2026. The new furniture and equipment are appropriate for this type of setting and for the needs of the residents. There are adequate areas for storage of equipment across all floors.</p> <p>There is a maintenance team employed. The maintenance schedule includes checking of equipment, ceiling hoists and completion of call bell audits and hot water temperatures throughout.</p>

	<p>Between each household on each floor there are two office spaces, a family/whanau or meeting room, as sluice, equipment and linen storage, cleaning room, waste and dirty laundry storage rooms. The main reception with café and apartment dining is on the ground floor. There is a hair salon and arts/ crafts room on level one.</p> <p>Dementia Unit (care suites 523-532).</p> <p>Entrance to the dementia unit is via the main entrance at reception. There is a double door secure foyer before entering the dementia unit. Secure entry and exit are by swipe cards.</p> <p>On the ground floor, there are 10 rooms (care suites) in the dementia unit. Six rooms have a lounge, separate bedroom and ensuite, four studio type rooms have a combined lounge/bedroom and separate ensuite. Visitors have call bell access to staff community. All exits in and out require swipe card access by staff. Contrasting colours in some areas provide easier visibility and identification of furniture. There are large, wall boxes outside each resident room that can be personally decorated. There is a secure enclosed nurse's area.</p> <p>The ground floor is built around a large, landscaped courtyard with water features and raised gardens. The courtyard is accessible for the residents in the dementia unit from the lounge area. There are external paths that lead from the dining area and also from the lounge, with large sliding doors. The outdoor courtyard is well designed/landscaped for wandering and includes seating, and umbrellas for shade.</p> <p>The fence is high and of smooth texture to deter climbing. The fence has a concrete base except for the southeast side next to the emergency gate where soft soil can be moved/dug out and compromise the security of the fence.</p> <p>Dual-purpose households</p> <p>There are five dual purpose households of nine care suites each:</p> <p>On ground floor – care suites 514 to 522 (Kakapo); on level one care suites 626-635 (Kotuku) and care suites 618-625 (Hihi); on level two care suites 727-735 (Kereru) and care suites 718-726 (Kakapo). The following rooms are suitable for couples 522, 626, 627, 726, 727.</p>
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		<p>Each household has a large household dining room and household lounge with a separate kitchenette/servery area. All communal areas are open plan design. The corridors are wide and a disability toilet is available off the lounge area.</p> <p>All resident rooms include a king single electric bed and appropriate mattresses for pressure relief. There are ceiling tracks for hoists in each bedroom (level two only).</p> <p>There are four lifts between floors; one is large enough for a bed/stretcher if needed, one is a service lift and the other two are also accessible by apartment residents. There are four stairwells at either end of the building to ensure safe egress of residents and apartment occupants.</p> <p>There is a nurse's area on each floor; however, each household has a lockable /secure area for staff to write notes. There is also a family/whānau room accessible. It was noted that there were a number of balconied rooms and a large balcony off the lounge area, where residents in the dual-purpose unit can look down over gardens. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. External landscaping is completed with a number of areas for residents to enjoy.</p> <p>Ventilation and heating is managed through a central ventilation system; rooms and lounges are equipped with heat pumps that can be individually dialled. The rooms gave plenty of natural sunlight with big windows, some have slider doors.</p> <p>All access to outdoor areas are safe with the provision of seating and shade. There are separate toilets for staff and visitors to use with the appropriate vacant/ in use locks.</p> <p>All rooms, ensuites and communal areas are spacious to provide for the safe manoeuvring of mobility equipment.</p> <p>The service has established relationships with the local Iwi who have also blessed the land and provided a blessing to the building.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The site-specific emergency manual for Arvida Bethlehem Shores includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. There is an emergency management plan for developing villages 2025/26, and an emergency management and civil defence plan 2025/26.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening (link 2.4.4). There are enough staff currently and already employed to provide first aid cover most of the shifts. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p> <p>The fire service has all fire exits in place. The fire evacuation scheme has been approved by the NZFS 5 December 2025 with a fire drill being held as part of induction in February 2026.</p> <p>The service also has a contract in place for a generator to be available in the event of a power failure for emergency power. There is a civil defence cupboard; however, the required civil defence equipment including sufficient food stores have not yet been put in place (link 4.1.1). A number of water tanks are available that meet the requirements of the local civil defence guidelines (more than 7000 litres).</p> <p>A call bell system has been installed throughout the facility. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Staff will also have phones.</p> <p>The entrance to the dementia unit is secure, staff access using a swipe card. There is a doorbell for visitors. All exits in and out require swipe card access by staff.</p> <p>There is a main double-door entrance into the care centre that will be secure at dusk. Visitors have access through a speaker system. The main gate to the village closes after a predetermined time, and accessible by pressing a call button. There are closed circuit</p>
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		television cameras at the main entry, hallways and exit doors.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is linked to the quality and business plan and is to be reviewed annually. There is a job description with clear responsibilities related to infection control including reporting guidelines to governance. The clinical manager is the designated infection control coordinator.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; health care acquired infection (HAI); and the built environment. There is a policy in place for decontamination of reusable medical devices and the procedure around single use items. Infection control audits are part of the quality and risk management system, and the audits will monitor the effectiveness of the appropriate procedures.</p> <p>The IC is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The two-week induction programme includes infection control training.</p> <p>Annual infection control training is included in the mandatory in-services that will be held for all staff. The 2026 plan was sighted. The IC has access to an online training system with resources, guidelines, and best practice.</p> <p>Equipment to support hand hygiene, standard precautions and the outbreak plan is yet to be put in place (link 4.1.1). The head of clinical quality reports that the head of clinical governance hold the Arvida national IPC portfolio role and has input into policies and procurement advice. At site level the infection control coordinator will</p>

		<p>advise and oversee procurement of consumables.</p> <p>There is infection control input into new buildings and when significant changes occur. The head of clinical governance and head of clinical quality provided consultation during the design.</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>There are established and approved policies and guidelines for antimicrobial prescribing. The policy has been approved by the clinical governance body and will be reviewed regularly. The resident electronic management system supports collation of data.</p> <p>Prescribing of antimicrobial use is to be monitored, recorded, and analysed at site level. Trends are identified at national level and also will be at facility level on opening. Feedback and further input occur from national senior management level.</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-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the established infection control programme. The purpose and methodology are described in the IPC policy. The surveillance programme is appropriate to the size and setting of the service. The electronic analysis tool includes the number and types of events in a defined time period, including ethnicity data. This will be implemented at Arvida Bethlehem Shores. The organisation benchmarks surveillance data.</p> <p>Monthly infection data template ensures collection for all infections based on standard definitions. Infection control data is to be monitored and evaluated monthly and annually. Infection data, outcomes and actions are to be discussed at the infection control meetings, quality, and staff meetings.</p> <p>An outbreak management plan including a pandemic plan is documented with making available resources to implement the programme swiftly (link 4.1.1). There are processes in place to isolate infectious residents when required. Outbreak response is completed at orientation (link 2.4.4).</p> <p>Hand sanitisers and gels are to be made available for staff,</p>

		residents, and visitors at the entry of the facility and in the hallways (link 4.1.1).
<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>	FA	<p>There are waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Once the chemical provider completes the closed chemical dispensing systems, material safety data information sheets will be available and accessible to staff in relevant places in the facility, such as the sluice rooms and laundry areas. (link 4.1.1). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>The head of clinical quality reports enough PPE has been purchased to support safety of the staff. These will be put in place prior to occupancy.</p> <p>There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are to be conducted as per the quality assurance programme.</p> <p>All laundry and housekeeping staff have been employed to provide support for cleaning and laundry tasks over seven days.</p> <p>The laundry is in the service area on the ground floor and has an entrance for dirty laundry and an exit for clean. The laundry is large and includes two commercial washing machines and two dryers and a smaller washing machine and dryer. Covered linen trolleys are used to transport linen. Laundry chemicals are within a closed system to the washing machine. There are a washing machine and dryer in a small laundry area in each household for personal clothing. There is a dirty laundry area on each floor and dirty linen are transported to the ground floor in specialised PVC trolleys.</p>

		<p>Residents' clothing will be labelled and personally delivered from the laundry to their rooms.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning room on each level. The closed chemical delivery systems are yet to be put in place. There is a sluice room on each level between the households, each equipped with sanitizer. The laundry and cleaning areas have hand washing facilities.</p> <p>Cleaning services are to be provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There are secure cleaning rooms on each floor; cleaning trolleys are lockable.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The new service is committed to providing services to residents without use of restraint. The head of clinical quality explained the governance group commitment to this.</p> <p>The Restraint Elimination and Safe Practice policy and procedure is comprehensive and confirms that restraint use is a last resort and must be done in partnership with the resident or their activated EPOA, and the choice of device must be the least restrictive possible.</p> <p>The restraint policy includes a section on quality monitoring and improvement. This covers the restraint internal audit, site meetings, governance reporting and benchmarking. The restraint policy provides guidance in an event emergency restraint use is considered. Should restraint be required as part of an emergency, then a review of the event and rationale for use will be undertaken in collaboration with the Clinical Manager, GM Wellness & Care and Arvida Dementia Wellbeing Coach within 48 hours of the event occurring.</p>

		<p>The designated restraint coordinator is the clinical manager. There is a job description for the role and terms of reference for the restraint review meeting. Restraint meetings are scheduled to be bimonthly. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p> <p>Restraint training and competencies are scheduled in the staff orientation programme prior to opening (link 2.4.4). Behaviours that challenge is also included as part of the induction training and annual training plan.</p> <p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as clinical manager, clinical coordinator, registered nurses, wellness leaders, wellness partners, and housekeeping staff.</p> <p>Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered nurses. Prior to opening, all new staff will complete orientation across two weeks. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those that</p>	<p>A two-week orientation programme has been developed commencing 23 February 2026. This includes completing orientation documentation and competencies. The orientation programme also includes specific training around (but not limited to): outbreak management, equipment; manual handling; safe chemical handling; cultural care; Treaty of Waitangi; Medimap; emergency and fire training; fire drill and dementia model of care.</p>	<p>Ensure staff orientation and competencies are completed.</p> <p>Prior to occupancy days</p>

		<p>do not have a current first aid certificate.</p> <p>All newly employed wellness partners are required to complete competencies as part of the Careerforce orientation for wellness partners.</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>	PA Low	<p>The care centre is completed; building related to the serviced apartments were ongoing. There is not yet a certificate of public use issued. The medication room is secure, completed, and functional.</p> <p>The resident areas are fully furnished and carpeted throughout. All toilet and ensuite facilities are completed with handrails. The flowing soap, hand towel dispensers and hand sanitiser dispensers were not yet in place.</p> <p>The personal protective equipment (PPE) were not yet in placed in the outbreak cupboards, sluice areas and cleaner's rooms.</p> <p>The medication room is completed and functional however the ``return to pharmacy' cupboard needs a lock.</p> <p>Civil defence equipment has not yet been put in place.</p> <p>There are sluice rooms and cleaning cupboards on each floor with a main laundry on the ground floor. The chemical provider has been appointed as a contractor, the chemical dispensing systems and medication safety data sheets is yet to be put in place.</p>	<p>(i). A certificate of public use (CPU) has not yet been issued.</p> <p>(ii). The 'return to pharmacy' cupboard needs a lock in the medication room.</p> <p>(iii). Personal protective equipment, flowing soap, hand towel dispensers and hand sanitiser dispensers are not yet put in place throughout.</p> <p>(iv). Civil defence equipment and sufficient food stores have not yet been put in place throughout.</p> <p>(v). The chemical closing dispense systems in the sluice/cleaners and main laundry have not yet been put in place.</p>	<p>(i). Ensure the CPU is in place.</p> <p>(ii). Ensure the medication return to pharmacy cupboard has a lock.</p> <p>(iii) Ensure PPE, flowing soap, hand gel and hand towels are accessible and available.</p> <p>(iv). Civil defence equipment and sufficient food stores are ready, accessible and available.</p> <p>(v). The chemical closed dispensing system and safety data sheets need to be in place throughout.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>The dementia unit is secure. Landscaping is completed surrounding the dementia unit. The fence is high and of smooth texture to deter climbing. The fence has a concrete base except for the southeast side next to the emergency gate where soft soil can be moved/dug out and compromise the security of the fence. There is shrubbery planted in front of the fence to deter climbing. Bollard lights and seating is appropriately fixed to the ground and a distance placed from the fence.</p>	<p>The southeast end of the fence has soft soil beneath the fence that can be moved/dug out and compromise the security of the perimeter.</p>	<p>Ensure the risk level is assessed and take proactive steps to ensure a fully secure fence.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.