

Lansdowne Park Village Limited - Lansdowne Park Village

Introduction

This report records the results of a Surveillance 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: Lansdowne Park Village Limited

Premises audited: Lansdowne Park Village

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

Dates of audit: Start date: 5 March 2026 End date: 6 March 2026

Proposed changes to current services (if any): The provider has reconfigured their certified services repurposing an existing lounge room into a dual-purpose rest home/hospital level of care room. This brings the total number of beds to 80.

Total beds occupied across all premises included in the audit on the first day of the audit: 53

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lansdowne Park Village provides rest home, and hospital level of care for up to 79 residents. On the day of audit there were 53 residents.

Since the previous audit, there has been a change to the facility. The provider has repurposed one lounge room to become a resident's bedroom suitable for either rest home or hospital level of care. The audit verified the room as fit for purpose.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of resident and staff records, observations, and interviews with residents, family/whānau, management, and staff.

There have been changes to the management team since the previous audit. There are quality systems and processes being implemented. Feedback from residents and family/whānau was highly complementary about the care and the services provided. An induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

The shortfalls to address from the previous audit relating to meetings, monitoring charts and temperature recordings of meals have all have been addressed.

There were no shortfalls identified at this surveillance audit.

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.

There is a Māori health plan in place. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrated an understanding of resident's rights and obligations and ensures residents are well informed in respect of these.

There was no evidence of abuse, neglect, or discrimination. Staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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.

Lansdowne Park Village business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their

staff. There is process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated. Staffing and rostering policy are implemented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

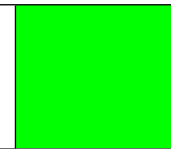
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The hard copy medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

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



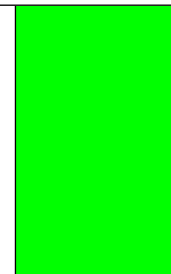
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment has been tested, tagged, and calibrated as scheduled. The facility provides a welcoming atmosphere.

The provider has repurposed one lounge room to become a resident's bedroom suitable for either rest home or hospital level of care. The audit verified the room as fit for purpose.

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 and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been an outbreak since the previous audit.

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.

The service aims for a restraint free service, and this is supported by the governing body and policies and procedures. There were no residents using any form of restraint at time of audit. Elimination of restraint use is included as part of the education and training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

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	19	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Lansdowne Park Village utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of the audit there were residents who identified as Māori. A review of the cultural aspect of the plan provided evidence of how mana Motuhake is recognised and care provided is based upon the principles of Te Tiriti o Waitangi. There were Māori staff who confirmed services are delivered in a culturally supportive manner.</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>	FA	<p>Lansdowne Park Village uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. There were no staff who identified as Pasifika employed at time of audit. However, discussions with staff confirmed an awareness of and understanding of Pacific culture, values, beliefs and were knowledgeable about how to access community support for Pacific individuals when required.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English and te reo Māori within posters and brochures available throughout the facility. All staff interviewed (the village manager, the clinical manager, one administrator, one maintenance lead, one kitchen manager, one cook, four registered nurses, six wellness partners) understood their responsibilities in relation to the Code.</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>	FA	<p>Landsdowne Park Village policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, and an established process to manage and protect resident finances as outlined by the administrator. All staff at Landsdowne Park Village are trained in and are aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</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>	FA	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve family/whānau for collective decision making). Resident files reviewed included general consent forms and consents for influenza. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected.</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 service has a complaints policy/procedure in place, and this is available to staff, residents, family/whānau and visitors. The complaints policy provides information related to the complaints processes and timeframes required to investigate, manage, and respectfully respond to complaints in keeping with right 10 of Code. There have been three internal complaints received since the previous audit. Review of the complaints register evidenced that all complaints have been managed as per policy and procedure and have been closed. A HDC complaint that was lodged in 2023 was noted to be closed in February 2026 with no corrective actions required of the provider. Review of documentation and discussion with staff confirmed that processes are well entrenched and all staff are cognisant of the importance of following up on and escalating any concerns or negative feedback received.</p> <p>Residents (two hospital level and one rest home), and family/whānau (five hospital level) interviewed confirmed that the facility takes a reactive response to any issues raised and their response is swift. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process is visible, and available in te reo Māori, and English. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include family/whānau.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Lansdowne Park Village is part of the Arvida Group. The service is certified to provide hospital and rest home level of care for up to 51 residents, with a further 29 rest home residents in the certified serviced apartments. At the time of audit there were 53 residents. There were 24 rest home residents, (including one receiving respite care), and 26 hospital level (including one receiving respite care and accident compensation corporation (ACC) funding and two under an ACC contract). Three rest home residents were in serviced apartments. There are no double or shared rooms within the facility. There were no couples. The remaining residents were on the age-</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>related residential care ARRC contract.</p> <p>Since the previous audit the provider has repurposed a small lounge room to become a resident’s bedroom. This audit has verified the room is fit for purpose (rest home or hospital level of care), and the total; number of beds has increased from 79 to 80.</p> <p>There are several governance bodies within the Arvida group. The Arvida Group Limited Board of Directors consists of five professionals each bringing their own skills and expertise. This group provides strategic guidance and oversight for the executive team. The Arvida executive team of 8 experienced executives oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. Confirmation of the company’s compliance with legislative, contractual, and regulatory requirements was provided. The organisations vision and values are posted in visible locations throughout the facility and are reviewed annually. The directors receive progress updates on various topics, including staff and resident incidents, human resource matters, escalated complaints and infection outbreaks. The current business plan reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The service has identified external and internal risks and opportunities that include addressing inequities, and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met.</p> <p>The village manager was an external appointment made seven weeks ago. They bring a broad range of skills and experience from different social agencies with them. They were still completing their orientation at time of the audit. The clinical manager was previously the clinical coordinator within the facility. They were appointed in October 2025. A regional manager, a team from support office and care and support staff provide further support.</p> <p>The clinical governance structure was developed in 2023 and was approved by the Board. The Clinical Governance group includes resident representatives and “touchpoints” across different areas of expertise, clear links to Māori, Māori Advisory Group, Clinical Governance groups, and to the clinical indicator steering groups. Clinical governance at Lansdowne Park Village is led by the clinical manager. There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service. Monthly reports to the</p>
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		directors reflect evidence of communicating quality and risk activities.
<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>	FA	<p>Lansdowne Park Village is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The clinical manager is leading the implementation of the quality programme whilst the village manager is still orientating to their role. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up action(s) required, as evidenced in five accident/incident forms reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurses in tandem with the clinical manager. Family/whānau are informed of any incidents related to their family/whānau.</p> <p>The clinical manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff notice boards. Monthly staff, and clinical/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; benchmarking complaints received; staff; and education. Resident meetings occur bi-monthly. Review of documentation including meeting minutes; and discussions with management, staff, residents, and family whānau confirmed that resident meetings are facilitated as scheduled and minutes are documented. A review of meeting minutes evidenced that there was a high turnout of residents, and family/whānau are encouraged to attend. The shortfall identified at the previous audit is now closed.</p> <p>Discussions with the clinical manager and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service</p>

		<p>delivery. The outcomes are shared at the appropriate meeting. The last resident and family/whānau satisfaction survey was completed in late 2025. The village manager is aware there has been a high uptake in responders and has been informed the results are pending from support office.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety are discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussions with the clinical manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>A Section 31 (S31) notification was completed for the appointment for the village manager. A S31 was sighted for the appointment of the clinical manager in November 2025. Section 31s were completed for two power outages and provided for the electronic medication system outage. The appropriate notification of a deep tissue injury was sighted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. A review of the current and previous rosters evidenced that planned and unplanned staff absence are covered. The village manager works full time Monday to Friday. They maintain overall responsibility for the facility and provide on call support 24/7. The regional manager is providing additional on call support currently while the village manager is orientating to their new role.</p> <p>The clinical manager works full time Monday to Friday. There is a weekly on call roster for clinical support between the clinical manager and the clinical coordinator. Senior wellness partners are spread over the morning, afternoon, and night shifts. Separate cleaning and laundry staff are rostered. Staff interviewed stated that the staffing levels are stretched at times however they appreciated the support of the management team to ensure all gaps are covered. The also stated that 'the teamwork is excellent.'</p> <p>Residents and family/whānau members interviewed reported that they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule completed for 2025-</p>

		<p>2026. This outlines mandatory and staff designation appropriate training. The schedule includes infection prevention, manual handling, cultural safety, Pacific values, Māori health, (values, beliefs, tapu, noa, and end of life), code of rights, challenging behaviour, abuse and neglect, emergency management, restrictive practices, and restraint. Staff are supported to attend external education sessions where appropriate. The education programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training electronically. Educational courses offered include in-services, online, and competency questionnaires.</p> <p>All registered nurses and wellness partners who administer medications have current medication competencies. All wellness partners are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the current wellness partners, all but the newest employees have completed Level two to four NZQA qualification or are on the pathway. The registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At time of audit, seven registered nurses (including the clinical manager and clinical coordinator) had completed interRAI training. Seven registered nurses (including the clinical manager and the clinical coordinator) hold a current competency for syringe driver management.</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. 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</p>	<p>FA</p>	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. 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.</p> <p>The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe</p>

<p>services.</p>		<p>environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. A review of staff records, discussions with staff and a review of the staff appraisal schedule evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident records were reviewed: three rest home, and two hospital (including one resident on respite care). The registered nurses are responsible for all resident's assessments, care planning, and evaluation of care. A key worker is allocated for all residents.</p> <p>All initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessment and the interRAI assessment. All initial and long-term care plans (LTCPs) and assessments sampled have been completed within three weeks of the residents' admission to the facility. The resident admitted for respite care has a full suite of assessments which informs the short-term care plan. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The long-term care plan is updated to reflect acute problems, for example infections, wounds, and weight loss. A review of current short-term issues evidenced appropriate review and evaluation. If required, the issue is transferred to the main body of the LTCP if unable to be resolved in a timely manner.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting the desired goals</p>

	<p>and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whanau involvement in care planning and documented ongoing communication of health status updates. Interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. Medical documentation and records reviewed were current.</p> <p>One general practitioner has most residents under their care. A very small number of residents have chosen to keep their own general practitioner. The general practitioner was unavailable at time of audit for interview. After hours care is provided by the contracted medical practice and the local public hospital when needed. A physiotherapist is contracted to the service and conducts a clinic per week. A physiotherapy assistant supports the physiotherapist to ensure exercise programmes are maintained and implements the muscle strengthening programmes to the residents who are assessed as benefitting from this. A podiatrist visits regularly. Other health professionals are available by referral when required.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. At time of audit there was one stage one, one stage two, and one deep tissue pressure injury. The remaining wounds were minor skin tears and bruising/blisters. Photographs were taken to record progress towards healing. A wound nurse specialist is consulted when wounds require additional specialist input. The deep tissue injury had an appropriate wound management plan in place, and this had been regularly reviewed, photographed, and the wound specialist was involved when required. The pressure injury was making slow but steady progress.</p> <p>Monthly observations such as weight and blood pressure were completed and were up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight</p>
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		<p>monitoring, repositioning, and bowel records. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover (witnessed) at the beginning of each shift. This was found to be comprehensive on day of audit. The shortfall identified at the previous audit is now closed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements.</p> <p>At time of audit, the electronic medication management system had experienced a nationwide malfunction, and the service had reverted to a hard copy system. The clinical manager outlined how the service had implemented the organisations back up policy and procedure for when there was any outage to the electronic medication system. All staff who administer medications have been assessed for competency on an annual basis. Staff were observed to be safely administering medications. The registered nurse interviewed could describe their role regarding medication administration in particular the safety measures in place whilst the electronic system was down.</p> <p>The service currently uses plastic packs for medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in locked cupboards and the medication trolley in the medication room. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten (hard copy) medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications were used and noted for as required medications, and the effectiveness of as required medication was consistently documented in the progress notes whilst the electronic medication system was out of action.</p> <p>There was one resident self-administering medications. A review of documentation, observations and discussions with staff evidenced that policy and procedure had been adhered to. No vaccines are kept on site. Standing orders are not used. There was documented evidence in the clinical files that residents and family/whanau are updated around</p>

		medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.
<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>	FA	<p>Food preferences and cultural requirements are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan current to 14 June 2026. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. Residents were observed to be enjoying the social aspect of the midday meal. Nutritious snacks were available 24/7.</p> <p>Discussion with the kitchen manager, observation, and a review of documentation evidenced that all food temperatures are monitored and documented appropriately through all stages of preparation. The shortfall identified at the previous audit is now closed.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. Residents are referred to other health professionals where required or requested.</p>
Subsection 4.1: The facility	FA	The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided.

<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>Observation and discussion with staff evidenced there was a leak in the roof of a lounge in a serviced apartment. The resident was relocated, the leak had been contained, and the area was managed to ensure there were no risk to any residents or staff. The event had been documented within the hazard register. Contractors were due to complete repairs after the audit.</p> <p>The environment is inclusive of people's culture and supports cultural practices. The current building warrant of fitness (BWOFF) expires November 2026. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording's reviewed and discussion with the facility maintenance lead evidenced that water temperatures had corrective actions undertaken when outside of expected ranges.</p> <p>A lounge room that has been repurposed for use as a dual-purpose bedroom was reviewed as part of this audit to establish that is an appropriate space for use as a bedroom. Observation, discussion with the clinical manger and resident using it evidenced that the area is suitable to be used as a bedroom for a resident assessed as requiring either rest home or hospital level of care (dual purpose). The lounge (proposed room) is spacious, has natural light through windows, is heated and has close access to communal bathrooms. The clinical manager stated that the bedroom is being used for residents requiring short term occupancy only.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, approved 16 November 2012. Fire evacuation drills are repeated six-monthly.</p> <p>The proposed resident room converted from a lounge has a sprinkler system and a call bel connected to main call bell system.</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>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The clinical manager leads the infection prevention programme. The Arvida clinical steering groups seek input from clinical nurse managers regionally for infection prevention policy development, and review. Policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. The pandemic plan is available for all staff.</p> <p>The clinical manager is responsible for the delivery of staff education. The education programme includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). Short education sessions are delivered during handover and staff meetings during an outbreak event to remind staff of the basics of infection prevention.</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>	<p>FA</p>	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection prevention. Infection surveillance is the responsibility of the infection prevention coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings.</p> <p>Staff have received infection prevention related training including outbreak management. Internal infection prevention audits are completed with corrective actions implemented. The service receives regular notifications from Health New Zealand. The last COVID-19 outbreak was in February 2025. This event was quickly contained; appropriately managed, and resident and staff numbers minimised.</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>Maintaining a restraint free environment is the aim of the service. The Board is committed to the elimination of restraint use and this is actively monitored by the wellness and care team. Policies and procedures meet the requirements of the standards. The wellness and care team are responsible for the restraint elimination strategy and for monitoring restraint use in the service. The designated restraint coordinator is the clinical manager. Systems are in place to ensure restraint use will be reported appropriately. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. Training around restraint is included as part of the orientation programme and completed bi-annually as per the education plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.