

Ilam Lifecare Limited - Ilam Lifecare

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: Ilam Lifecare Limited

Premises audited: Ilam Lifecare

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: 13 April 2026 End date: 13 April 2026

Proposed changes to current services (if any): The provider notified HealthCERT on 22 January 2026 of their intention to reconfigure existing 19 rest home rooms in Randolph wing to dual purpose rooms.

A partial provisional audit was completed to verify the suitability of 18 of the 19 rest home rooms to dual purpose rooms. Room 31 is currently not suitable for hospital level care.

As a result of the partial provisional audit, the total number of rooms remain at 119. The dual purpose rooms increase from 3 to 21, all located in Randolph wing and one room (room 31) will remain at rest home level of care. The dedicated rest home bed numbers decreased from 19 to 1.

Total beds occupied across all premises included in the audit on the first day of the audit: 89

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 Ilam Lifecare provides rest home, hospital (medical and geriatric), and dementia level of care for up to 119 residents.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify the suitability of 18 of the 19 rest home rooms to dual purpose rooms. Room 31 is currently not suitable for hospital level care.

The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with managers.

The village manager and clinical manager are suitably qualified for their role. There is a current business plan supported by a transitional plan. The staff are skilled and suitably trained to provide care for residents with high acuity. The environment and equipment are appropriate to meet residents' needs.

There were no shortfalls identified in Section 3 at the previous audit.

The partial provisional audit identified no improvements required prior to occupancy.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The organisational business and quality plans inform the site-specific operational objectives. There is a transitional (business) plan in place that is being operationalised.

There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy is documented.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are prepared on site in a well-established operational kitchen. There are seasonal menus in place, and a cook provides oversight of the food services. There are spacious dining areas to support the residents' dining needs. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent wellness partners are required to administer medications. Secure storage for medications is in place. An electronic medication system is used.

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

Eighteen of the nineteen rest home beds are verified as physically suitable dual purpose rooms (hospital level and rest home level). One rest home room will remain suitable for rest home only. All are spacious with ensuite facilities. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management, have completed an orientation to the building, and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical coordinator is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning and laundry services. The internal audit schedule is in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The clinical governance group is committed to maintain a restraint free facility. The staff have completed training around restraint elimination and competency assessments. Restraint competencies are completed biannually. The clinical coordinator is the restraint coordinator. An approval group is in place and maintain a restraint free environment. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme.

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	0	0	0	0
Criteria	0	40	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 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>Ilam Lifecare is part of the Arvida Group. The service provides hospital (medical and geriatric), rest home and dementia level of care for up to 119 residents across three levels. There are 76 beds in the care centre including 22 beds in the rest home area [Randolph wing], 33 beds in the hospital area [Charlotte Jane wing] and 20 dementia beds in Cressy wing. There are 43 serviced apartments certified as suitable for rest home level of care. There are three dual purpose beds in Randolph wing. All rooms are for single occupancy. There are no shared/double rooms.</p> <p>At the time of the audit, there were 89 residents in the care centre: 35 at rest home level care (including 14 in the serviced apartments) and 34 at hospital level care residents (including one on Accident Corporation Compensation [ACC] funding) and 20 residents in the dementia unit. All other residents were on the aged related residential care (ARRC) agreement.</p> <p>There are 22 dedicated rest home rooms in Randolph wing. Eighteen rooms in Randolph wing are verified at this audit as suitable for being used for dual purpose use. One room (room 31) was not suitable for dual purpose use. As a result of this audit the dual-purpose rooms have increased from three to 21. The dedicated rest home rooms have decreased from 19 to 1. The overall bed numbers remain unchanged.</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent, team of five professionals. Their core focus is creating sustainable value, providing strategic guidance for the</p>

		<p>group and effective oversight of the executive team. Arvida Group's Board of Directors are committed to ensure compliance with legislative, contractual, and regulatory requirements; this is evidenced in the documented strategic plan.</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, regional manager 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.</p> <p>There has been a change in the village manager since the last audit. The village manager (nonclinical) has been in the role since August 2025. The manager has an extensive background in aged care village sales. The village manager is supported by a clinical manager, who has been in their role for more than four years; the clinical manager has worked for Arvida for more than 11 years. They are supported by a clinical coordinator that assist with clinical and non-clinical operations. The management team were supported at this audit by the head of clinical quality. The village manager stated they had a comprehensive orientation to their role and have access to professional development related to their role.</p> <p>There is a documented "Transition and Risk Management -Dual purpose beds in Randolph wing" plan that described the staged implementation approach that will be utilised to ensure safety and operational readiness. Operational readiness is supported by a procurement of additional furniture and equipment, staff planning and roster, medication planning, allied health capacity planning and expansion of civil defence requirements.</p> <p>There are no changes to governance or management as a result of the partial provisional audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of</p>	<p>FA</p>	<p>The quality and risk management system is well established with a suite of clinical and non-clinical policies that form the foundation for service delivery. The suite of policies includes adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31</p>

<p>care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>reporting) and severity assessment code one and two escalation and notification to the Health Quality and Safety Commission. The management team (village manager clinical manager) understand the reporting process.</p> <p>All residents' adverse events are documented on the electronic management system. Adverse events are investigated, signed off in a timely manner and family/whanau are notified of all events as per the open disclosure policy requirements.</p> <p>The clinical leaders collate and analyse all events monthly. Where trends are identified potential risk is mitigated with a corrective action plan. Adverse events include (but not limited to) skin tears, bruising, falls, unwitnessed falls, witnessed falls, medication errors, pressure injuries and challenging behaviour. Benchmarking occurs and data is available for staff to view. The clinical manager provides graphs and reports that are placed on a notice board. Incidents and the subsequent corrective actions are discussed at monthly wellness meetings (quality), monthly neighbourhood meetings, six monthly staff, quarterly registered nurse meetings and monthly health and safety meetings (including health and safety, infections and restraint). Internal audits are completed to measure the performance of falls management including the completion of post falls assessments and neurological observations.</p> <p>There will be no changes to the implementation of the quality system and reporting of adverse events. The transition plan includes a continuation of clear communications with staff, residents and family/whanau and continuation of comprehensive handover processes between shifts.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Randolph wing has 22 rooms. There are 21 residents currently in Randolph wing including 20 at rest home level of care and one hospital level of care in an existing dual purpose room. The clinical manager stated there is one resident currently awaiting hospital level of care.</p> <p>There is a documented Arvida Care Ratio – Rostering Policy. The roster considers the design and footprint of the facility. Staffing levels are managed with flexibility of shorter shifts to be extended to longer shifts and the placement of a floater shift. There are sufficient numbers of wellness partners allocated to each neighbourhood. There is a transitional roster documented for Randolph wing.</p> <p>The current roster for Randolph wing includes sufficient wellness partners allocated to all shifts to meet the residents' current needs. The transitional roster evidences an additional 35 hours approved for wellness partners when there is a second hospital</p>

	<p>level resident in Randolph wing.</p> <p>The clinical manager provides daily oversight and has an escalation process to adjust staffing based on occupancy and acuity. As the acuity of residents increases the transitional roster provides for flexibility to increase shorter shifts to longer shifts as needed. The roster and allocation roster ensures that wellness partners can easily support one another with safe mobility of residents.</p> <p>There is a small casual pool of eleven wellness partners to call upon, and no immediate additional recruitment of staff is planned. Each neighbourhood is rostered separately (Cressy, Randolph, Charlotte Jane and the serviced apartments).</p> <p>The clinical manager's office is on the second floor; they work Monday to Friday. The clinical coordinator works full time (their office is on level one), they support clinical oversight across all areas of care and are rostered to provide senior leadership. There is an RN based in each neighbourhood in the mornings. There is a RN for Randolph wing Monday to Fridays; over the weekend the RN from the dementia unit (Cressy) oversees Randolph wing in the morning.</p> <p>There are two RNs in the care facility on afternoon shifts. The RN based in the dementia wing in the afternoons (seven days a week) oversees Randolph wing. The other RN is based in the hospital wing (Charlotte Jane). There is a night RN for the facility.</p> <p>The clinical manager provides after hours service. The two contracted general practitioners provide a weekly clinic and are available to support the service after hours.</p> <p>Cressy and Randolph wings (neighbourhood) share staff when necessary; they are not required to attend to any serviced apartments calls.</p> <p>Staff and residents will continue to be informed when there are changes to staffing levels and documented in meeting minutes. Short notice absences will continue to be covered by casual staff. There are medication competent wellness partners and first aiders on each shift.</p> <p>There are separate kitchen staff, maintenance, and housekeeping staff to perform non-clinical tasks.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior wellness partners and</p>
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		<p>registered nurses have current medication competencies. Registered nurses, a selection of senior wellness partners, the wellness leader (van driver) have a current first aid certificate. The training programme is suitable to ensure staff have the knowledge and skills to provide care for residents at hospital level of care.</p> <p>All wellness partners are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 55 wellness partners in total working across the neighbourhoods; 52 have completed level 3 and 4 Certificate in Health and Wellbeing; 12 also have the Limited credit programme that include dementia standards as specified in clause E4.5(f) of the ARRC.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were 17 registered nurses including the clinical manager and clinical coordinator. Eight have completed interRAI training, one RN is in training, and one is enrolled. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing. Registered nurses and wellness partners complete palliative care training to support end of life and 14 RNs completed their syringe driver competencies. Two RNs are currently enrolled.</p> <p>The workforce management and roster are verified as suitable to address the residents' needs at hospital level care. The education plan is verified as suitable for the reconfiguration of services and include the completion of mandatory training.</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</p>	<p>FA</p>	<p>The clinical manager stated all staff have been recruited for the safe management of the residents at rest home, hospital and dementia level of care.</p> <p>Five staff files of staff recruited since February 2025 were reviewed and included evidence of: completed orientation, training and competencies, and professional qualifications on file 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.</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</p>

<p>care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>employed. Competencies are completed at orientation and then annually. The newly employed staff had the completed documentation on file including part one (health and safety) and part two (core orientation that is role specific).</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.</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 is a suite of medication policies documented for the service that meets good practice and legislation. There is an established electronic medication administration system in place. The service will continue to be delivered using prepackaged blister medications.</p> <p>There is an established pharmacy contract in place. Registered nurses and medication competent staff have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>The clinical manager explained that all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>There is a secure medication room for each neighbourhood. The medication room in Randolph wing is appropriate in size, securely locked with keypad, has appropriate handwashing facilities, bench space for medication preparation, a fridge, appropriate shelving, locked cupboards and secure storage. There are stainless-steel trolleys for wound care and a medication trolley.</p> <p>The secure medication rooms and fridge temperature are monitored daily. The fridge and medication room temperatures reviewed evidence the room temperatures kept below 25 degrees. There is a heat pump in the medication room that can be adjusted as needed. Temperatures in the medication room are within accepted ranges.</p> <p>There is a documented process where all stored medications are checked monthly for expiration dates and opening dates including medications stored in the resident locked drawers.</p> <p>There are no standing orders. There is a documented process of reviewing the electronic medication charts three monthly by the GPs; a medication audit ensures medication charts are reviewed, have a photo identification and allergy status identified. The medication audits were all compliant. The medication policy addresses the requirements for indications for use for pro re nata (PRN) medications, and the</p>

		<p>effectiveness of PRN medications. The medication and resident files audits completed evidence the consistency of effectiveness were documented as required.</p> <p>There are no further changes required to the medication system as a result of the reconfiguration of services. Medication related equipment including syringe drivers are sufficient to manage the needs of the residents.</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>	FA	<p>Food is prepared in line with recognised nutritional guidelines for older people. A seasonal menu in a four-weekly cycle (approved by a dietitian October 2025) is utilised. Diets are modified as required and the kitchen staff are made aware of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p> <p>There is a verified food control plan which is current. Kitchen staff have attended safe food handling training. There is a registered food control plan (expires 14 June 2026).</p> <p>There are lip plates, appropriate utensils, drinking beaker cups available to promote/maintain independence with eating and drinking. The dining area in Randolph wing is adjacent to the kitchen and food is served directly from a bain marie to the residents. There are insulated lids available for tray service to the rooms. The food control plan documents the process of preparing, transporting and heating of puree meals (Pure Food moulds). The roster evidenced sufficient staff to provide oversight during mealtimes and assistance with eating.</p> <p>There is sufficient space in the dining room area with appropriate seating to provide a pleasurable dining experience.</p> <p>There are no changes to the food services as a result of the reconfiguration of services.</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</p>	FA	<p>Arvida Ilam Lifecare is a purpose-built care facility. Buildings, plant, and equipment are fit for purpose. There is a current building warrant of fitness (expires 1 September 2026)</p> <p>A planned maintenance schedule is well established and includes test and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment.</p> <p>This plan comes from Arvida Group support office and is adjusted to meet the facility's</p>

<p>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>needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor (May 2025). Annual checking and calibration of medical equipment, hoists and scales was completed in October 2025. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The clinical manager and clinical coordinator stated that they have all the equipment needed to provide care at hospital level care; an equipment procurement plan is in place as the numbers in hospital level care residents increased.</p> <p>Hot water temperature monitoring is monitored monthly, and the reviewed records are within the recommended ranges. Corrective actions are completed for any temperatures above the required threshold. There is a maintenance manager who works fulltime. Staff log maintenance and repair requests into an electronic system called Urbanise. This is checked by the maintenance person daily. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, for example awaiting contractor. Essential contractors such as plumbers and electricians are available 24 hours as required. The warrant of fitness and registration for the facility van used to transport residents for outings are current.</p> <p>The facility has been designed in a neighbourhood configuration in accordance with the Arvida 'living well' model of care. The care centre is across two levels; the hospital wing (Charlotte Jane) is on level one, and the serviced apartments are across ground level and level one within the same building.</p> <p>The rest home area (Randolph wing) on the ground level with easy access from the parking and reception area. Randolph wing has 22 care beds and is adjacent to the 20 bed secure dementia unit (Cressy). There are three dual purpose rooms in Randolph wing previously certified (room 9,10,11). The partial provisional audit was undertaken to verify the suitability of the remainder of the rooms (nineteen) in Randolph wing for dual purpose use.</p> <p>Randolph wing has a nurses station and medication room. Randolph wing has access to its own large lounge with safe level access to the outdoors and landscaped gardens with seating and shade. The grounds and external areas were well maintained.</p> <p>Room (number 12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30)</p> <p>The physical environment supports the independence of the residents. Corridors are wide and have safety ledges/rails that promote safe mobility with the use of mobility aids. Residents were observed moving freely with mobility aids. There is adequate space within bedrooms and communal areas. All rooms have ensuites that are</p>
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	<p>spacious and safely accessible with the use of a hoist. Door openings are wide. Room 12 and 15 are slighter bigger than the rest of the rooms. All rooms are equipped with electric hospital level care beds and hospital grade mattresses.</p> <p>All resident rooms have external windows to provide natural light and have appropriate ventilation and individually controlled heating either by underfloor heating, night stalls or a ceiling heater. Residents' rooms are personalised according to the resident's preference. Room 17-21 have ranch slider door access to a patio.</p> <p>The lounge is comfortable with seating for communal gatherings and activities at the facility. There is a disability toilet near the communal lounge. Furniture is appropriate for residents with higher needs and enough space to accommodate residents in mobility chairs, wheelchairs and lazy boys.</p> <p>There are resting bays to promote safety when residents mobilise down the hallway to the main recreation and dining areas.</p> <p>There are sufficient spaces to store equipment. There are three sitting scales, two platform scales to use. There is plenty of shower equipment (shower stool, shower chairs and commode type chairs). Additional equipment purchased includes (but not limited to): a full sling hoist, sit to stand aid, oxygen concentrators, slippery Sams, lazy boys, sensor mats and pressure relieving devices. There is plenty of space for the storage of continence products and linen.</p> <p>The service has portable hoists available to use. Residents are supported with their own sling.</p> <p>There is a call bell for each bed and call bells within the ensuite shower/toilet and lounge/dining area. There is sufficient lighting above each bed.</p> <p>Fixtures, fittings, and flooring in all areas are appropriate and able to be cleaned effectively. Rooms are carpeted and ensuite toilet/showers have linoleum flooring. There are appropriate handrails within the shower area and at the toilet.</p> <p>Room 31</p> <p>The room is at the end of the corridor adjacent to an entrance to Cressy wing (the dementia unit). The floor space is similar in size as the rest of the rooms in Randolph wing. The room has a separate toilet within the room but also a separate shower area; this separation of toilet and shower leads to a smaller surface area for the manoeuvring of mobility aids. Furthermore, the awkwardness of the two internal doors when both are opened leads to difficulty in opening the main door for safe mobility of hoist equipment. Cavity doors might prove to be a better option however the head of quality confirms</p>
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		<p>there are no plans to refurbish the room. The resident in this room was seen manoeuvring their mobility walker easily within the room and around the doors. The room remains suitable for rest home only.</p> <p>The Arvida Māori advisory group has been incorporated in future development projects and have had input into the te reo Māori signage around the facility. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p> <p>The 18 rooms were all verified as physically suitable for hospital level care. However, room 31 will remain for rest home care 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 policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation. A business continuity plan is documented.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated June 2021. Fire evacuation drills are repeated six-monthly. There are evacuation chairs available at the stair wells. The fire evacuation resident list documents each resident's mobility and include an indication of which rooms will have two people in it.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance manager checks the civil defence supplies monthly. There is no generator on site; however, there is a documented process in the emergency and civil defence plan on a process/contact numbers to obtain one. The maintenance manager stated their confidence in the Arvida process in supporting the utility services in the event of a failure.</p> <p>There are adequate supplies in the event of an emergency including 5000 litres of stored water, sufficient for three litres per resident for seven days. Alternative cooking facilities are available for any power cuts including four BBQs and extra gas bottles in storage. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. Staff carry pager phones The call bell system (Miracle Call Solutions) is monitored for response times.</p> <p>Call bells are in each bedroom and ensuite. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires</p>

		<p>assistance. Residents were observed to have their call bells in close proximity. The service utilises security cameras throughout the facility, located at the main entrance, car park, hallways, nurses stations, medication rooms, facility perimeter and exit doors. There is a security firm that provides two visits each night.</p> <p>Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms.</p> <p>The security is planned in a safe way, including during an emergency or unexpected event. The civil defence and emergency plans remain unchanged and can accommodate increased resident needs.</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>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure that has been developed and approved by the clinical governance group and input from the infection control coordinators. There is a documented outbreak and pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee, and training and education of staff. The clinical coordinator is the infection control coordinator and has completed the required training specific to their roles and responsibilities. The clinical coordinator has access to shared clinical records and diagnostic results of the residents to support their decision making.</p> <p>The infection control programme is reviewed annually by the infection control coordinator. The infection control programme links to the overarching strategic direction. The quality programme is reported on regularly to the clinical governance group.</p> <p>The clinical coordinator was involved in decision making of the reconfiguration of the service. The infection prevention and control programme is sufficient to manage the reconfiguration of services and will remain unchanged.</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>	FA	<p>The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised definitions are available and were available to collect infection data. Infection data is collected and benchmarked. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator and clinical manager are responsible for collating and analysing infection data monthly</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>and reporting the results and corrective actions at various meetings.</p> <p>The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment.</p> <p>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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Linen is laundered on site seven days a week till 4.30 pm and delivered to each neighbourhood the same day. There is a dedicated housekeeper doing laundry tasks Monday to Sundays. There is an existing centralised laundry. There is a laundry manual available. There is a clear clean and dirty flow in the laundry with separate folding area. Linen is transported in covered trolleys to the linen cupboards. A smaller type commercial washing machine, and dryer is available to manage delicate personal items. All chemicals are in enclosed dispensing systems. Staff complete chemical training as part of their orientation and ongoing education.</p> <p>There is a sluice area/room on each level. The sluice room for Randolph wing is shared with Cressy wing. The sluice is equipped with a sanitizer, handwashing facilities and stainless-steel bench space. The flooring is appropriate for ease of cleaning. There is a separate cleaner's room on each level; there is an enclosed dispensing system for chemicals. There were cleaning trolleys with labelled chemical bottles on the trolleys. The cleaners' trolleys are stored securely when not in use. The appropriate PPE is available in the sluice/laundry and cleaning room.</p> <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and cleaners' rooms.</p> <p>A team of six housekeepers work seven days a week and are responsible for cleaning tasks. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The housekeepers have attended training appropriate to their roles. The clinical coordinator has oversight of the facility testing and monitoring programme for the built environment and reports results to the clinical manager.</p> <p>Washing machines and dryers are maintained by an external contractor. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Personal laundry is delivered back to residents in named baskets. There is enough</p>

		<p>space for linen storage. All personal clothing is labelled.</p> <p>The environment is culturally safe and appropriate to meet the requirements of the reconfigured services.</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>	FA	<p>The business plan and quality plan evidence commitment of the governance body to maintain a restraint free environment. The service reports elimination strategies and its success/or not to the clinical governance group and quality meetings. The clinical coordinator is appointed as the restraint coordinator. An approval group is in place and committed to maintain a restraint free environment.</p> <p>Wellness partners have completed restraint competencies as part of their orientation or following the ongoing restraint education. Behaviour management and de-escalation training are completed annually and evidenced high attendance numbers.</p> <p>The process of restraint discussions and monitoring is well documented and requires no change.</p>

Specific results for criterion where corrective actions are required

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

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

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

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.