

Queenstown Country Club Living Well Limited - Queenstown Country Club Care Centre

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:	Queenstown Country Club Living Well Limited
Premises audited:	Queenstown Country Club Care Centre
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: 2 April 2026 End date: 2 April 2026
Proposed changes to current services (if any):	The provider notified HealthCERT on 20 February 2026 of their intention to reconfigure ten existing dual-purpose rooms into double occupancy,

intended for occupation by couples, or by two people (such as sisters) wanting to share a room.

A partial provisional audit was completed and verify the suitability of the ten rooms – two in each of the five dual purpose units.

The total number of rooms will remain unchanged.

Total beds occupied across all premises included in the audit on the first day of the audit: 47

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 Queenstown Country Club Care Centre provides rest home, hospital (medical and geriatric), and dementia level of care for up to 62 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 ten dual purpose care suites as suitable for couples. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with wellness partners and managers.

The partial provisional audit verifies the suitability of ten dual purpose rooms (care suites) to be used for couples.

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

The partial provisional audit identified the requirement to improve the roster to sufficiently meet the needs of the residents in Rees and Tewa household and these will also need to be verified as suitably addressed prior to utilisation of the rooms for double 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 qualified chef 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

The ten dual purpose rooms (care suites) are verified as physically suitable for couples; all have ensembles. 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, 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 manager is the designated 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 completed training around restraint elimination and competency assessments. Competencies are completed annually. A registered nurse with support from the clinical manager is appointed as 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	11	0	0	1	0	0
Criteria	0	39	0	0	1	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>Queenstown Country Club is part of the Arvida Group. Arvida Queenstown Country Club Care Centre opened on 16 September 2024. The care centre is built across the ground level, level one and level two. The service is certified to provide rest home, hospital (medical and geriatric), and dementia level care for up to 62 residents. There is a 10-bed secure dementia (Earnslaw) household and 52 dual purpose beds in care suites (Manata, Tewa, Rees, Wallis, and McKerrow households).</p> <p>On the day of the audit there were 47 residents in total: 17 rest home residents (including one resident on an Accident and Compensation Corporation [ACC] contract), 23 hospital level residents including one resident on an exceptional circumstances contract and seven residents at dementia level of care. All other residents were under the age-related residential care contract (ARRC).</p> <p>Ten bigger rooms (two in each dual purpose household); all under an occupation right agreement, are verified at this audit as suitable for being used for couples upon completion of a corrective action related to the staff roster for Rees and Tewa household (link 2.3.1).</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,</p>

		<p>providing strategic guidance for the group and effective oversight of the executive team. Arvida's Group Board of Directors are committed to ensure compliance with legislative, contractual, and regulatory requirements; this is evidenced in the documented strategic plan.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from the regional managers, who provide mentoring, and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, infection outbreaks and occupancy. There is a documented 2026 business plan with a documented commitment for health equity, resident satisfaction, team engagement environmental maintenance and quality of care. The transition plan to reconfigure ten existing dual-purpose rooms into double occupancy is supported by the business plan.</p> <p>There is a clinical governance group who are responsible for 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 and board.</p> <p>The village manager (nonclinical) has been in the role since August 2025. The manager has an extensive background in customer service and people management; however, this is their first role within the aged care sector. The village manager is supported by a clinical manager, who has been in their role since December 2025; the clinical manager has extensive experience as a clinical manager in Australia and New Zealand. They are supported by a Living Well manager who assists with clinical and non-clinical operations. The management team were supported at this audit by the head of clinical quality.</p> <p>There is a documented "Transition and Risk Management -Double</p>
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		<p>occupancy Care suites” plan that described the staged implementation approach that will be utilised to ensure safety and operational readiness. Operational readiness is supported by the procurement of furniture, 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 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>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 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 and living well manager) have an understanding of the reporting process of both.</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>	PA Moderate	<p>There are one couple currently on a waiting list for a couples room. There is a documented Arvida Care Ratio – Rostering Policy. Staffing levels are managed through existing flexibility. There is a transitional roster documented. The clinical manager stated the current bed occupancy sits at 75 percent and the current staffing is sufficient for 85 percent. There is a small casual pool of staff to call upon. Current recruitment of 3 wellness partners of 32 hours each and also building casual pool of at least 2 wellness partners. Recruitment of RN also in progress for permanent part time position to assist with staffing coverage as well as casual RN to be recruited.</p> <p>The clinical manager provides daily oversight and has an escalation process to adjust staffing based on occupancy and acuity. For approved oversight, the clinical coordinator and living well manager work Monday</p>

	<p>to Fridays and base themselves on the ground level. The clinical manager office is on level one, and the wellness leader provides general oversight on the second level. The living well manager, clinical manager and clinical coordinator provide after hours on call service. The contracted nurse practitioner service provides a weekly clinic and is available to support the service after hours.</p> <p>For the dual purpose wings the roster is as follows: Five wellness partners (one in each household) till 3.15 pm and two floaters working till 2pm are allocated according to need. Staff are allocated their required breaks. A sick leave summary was provided and evidenced that vacant shifts were covered by staff members picking up extra shifts. Households adjacent to one another work together as a team.</p> <p>Staff and residents will continue to be informed when there are changes to staffing levels and documented in meeting minutes. The floater shifts can be extended or more added to the roster as acuity of residents' further changes. Short notice absences will be continued to be covered by casual staff. Although the staffing aligns with the acuity policy; observation and interviews with wellness partners evidence the allocation of staff in the Rees and Tewa household needs improvement.</p> <p>Registered nurses work 8-hour shifts and cover the roster 24/7. There are separate kitchen, 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 registered nurses have current medication competencies. Registered nurses, senior wellness partners, wellness leader, and the van driver have a current first aid certificate.</p> <p>All wellness partners are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 31 wellness partners in total working across the five dual purpose households and the ten bed secure dementia unit. Seventeen wellness partners have achieved NZQA level three or above. The service continues to upskill the staff to complete the required dementia</p>
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		<p>standards.</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 nine registered nurses including the clinical manager, living well manager and clinical coordinator. Five have completed interRAI training. 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. Training includes palliative care training to support end of life and completion of syringe driver competencies.</p> <p>The workforce management and roster needs improvement for the Rees and Tewa household to meet the current needs of the residents, and these will also need to be verified as suitably addressed prior to utilisation of the rooms for double occupation. 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 care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The clinical manager stated all staff have been recruited taking into consideration the safe management of the residents at rest home, hospital and dementia level of care.</p> <p>Five staff files (wellness partners) of staff recruited since September 2025 were reviewed, these 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 employed. Competencies are completed at orientation and then annually. The newly employed staff had completed documentation on file.</p>

		There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.
<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>	FA	<p>There are a suite of medication policies documented for the service that meet good practice and legislation. There is an established electronic medication administration system in place. The service will continue to be delivered using prepackaged medications. 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 (fortnightly) against the medication chart and any discrepancies are fed back to the supplying pharmacy.</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 NP; the five medication charts reviewed have photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications; and the effectiveness of PRN medications were consistently documented in the electronic medication management system.</p> <p>Medication drawers in the couples rooms have dividers to separate medications. 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</p>	FA	The kitchen is situated on the ground level in a service corridor. All food and baking are prepared and cooked on site. The food service has a

<p>consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>trained chef and is assisted by two cooks and two kitchen hands during the week. 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. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required. 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 and appropriate utensils available to promote/maintain independence with eating. There is a centralised dining room area for each household. There is a serving kitchenette in each household that is operational with all the equipment needed for serving and heating of food.</p> <p>Food is transported in hotboxes to each kitchenette and served from a bain marie directly to residents in each household. A separate hot box is used for texture-modified meals. This is specifically used to transport puréed meals to Tewa and Rees households as required. Food temperatures are documented in an electronic food control plan diary (in Safe Food Pro). During the evening light meal service, the food temperature is taken and recorded by wellness partners in SFP for compliance and record-keeping purposes. Meal temperature records were reviewed. There are insulated lids available when meals are removed from the hotboxes for the room or tray service.</p> <p>The couples rooms have a separate lounge/dining room area where residents can enjoy their meals but also sufficient space in the dining room area with appropriate seating to provide a pleasurable dining experience. During the audit, the meal service were observed in each area. The residents in Tewa and Rees households did not have sufficient staff allocated to assist residents with their meals (link 2.3.1).</p> <p>There are no changes to the food services as a result of the reconfiguration of services; however, the roster to assist residents in</p>
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		Tewa and Rees household with meals needs improvement.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Arvida Queenstown Country Club Care Centre is a purpose-built care facility. Buildings, plant, and equipment are fit for purpose. There is a current building warrant of fitness (expires 17 March 2027).</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. Hot water temperature monitoring has commenced, 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 and maintenance assistant who both work fulltime. Staff log maintenance and repair requests. This is checked by maintenance assistant daily and entered into the electronic system. The system tracks how many hours from when the data was entered to when the task is completed and at what stage the process is at, 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 care centre is across three levels and is divided into six households (five dual purpose households and one dementia household). The facility has been designed in a household configuration in accordance with the Arvida 'living well' model of care. There are nurses' hubs in each household.</p> <p>The secure dementia unit (10 beds) and Manata (10 bed) dual purpose unit are on the ground level; Tewa and Rees are dual purpose households on level one (total of 21 beds), and Wallis and McKerrow are dual purpose households on level two (total of 21 beds).</p> <p>All rooms in the facility have individual locks and can be secured by residents from the inside. Each senior wellness partner and the registered nurse have a master key to unlock the room. There is a risk mitigation plan to manage the door types. The corrective action was approved by the funder and the previous audit finding related to 4.1.1 has been addressed.</p>

	<p>Each of the dual-purpose households have an open-plan lounge/dining area and kitchen. Dual purpose households have a serving kitchenette with cook tops in the common areas that can be accessed by residents; an appropriate management plan is in place that identifies and manages the risks.</p> <p>There are lifts between each level. The physical environment supports the independence of the residents. Corridors have safety ledges that promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective households with mobility aids. There is adequate space in the dual-purpose households for safe manoeuvring of hoists within bedrooms and communal areas. All rooms have ensuites that are spacious and safely accessible with the use of a hoist. All resident rooms have external windows to provide natural light and have appropriate ventilation and individually controlled heating and cooling. Residents' rooms are personalised according to the resident's preference.</p> <p>There are comfortable lounges and seating for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside. There is disability access toilets to use near the dining rooms.</p> <p>There are private areas or quiet rooms for residents and visitors to enjoy in each household. The grounds and external areas were well maintained.</p> <p>The following care suites are verified as suitable for dual purpose use for couples: 204 and 205 in Manata [ground level]; 305 and 306 in Tewa and 314 and 315 in Rees [level one]; 405 and 406 in Wallis and 415 and 416 in McKerrow [level two].</p> <p>The care suites are of larger size (49 square meters) with a separate lounge/dining room, kitchen with all appliance (cook top, microwave, fridge/freezer). There is a separate bedroom which is spacious to provide care for two residents in electric king single beds and bedside tables in place. Each care suite has a ceiling hoist that can reach both beds; furthermore, the floor space is also big enough for other mobility equipment. The clinical manager stated residents sharing a room will have their own slings allocated. The service has portable hoists available to use.</p>
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		<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. Ensuite toilet/showers have underfloor heating. There is a built-in shower bench and appropriate handrails within the shower area. Each room has at least one external window, providing natural light, and there are adequate ventilation and heating throughout the rooms. There are individual heating controls in the rooms.</p> <p>All bed mattresses have sensors. There is an extensive equipment list provided as part of the transition plan and include extra king single beds, sensor mats, mobility equipment, lazy boy/floatation comfort chairs, other clinical equipment and pressure relieving equipment.</p> <p>There is sufficient space for equipment storage and cupboards and shelving for continence products.</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 ten rooms were all physically suitable for dual purpose use for couples. However, the staffing allocated to the Tewa and Rees household needs improvement to meet the current needs of the residents and these will also need to be verified as suitably addressed prior to utilisation of the rooms for double occupation (link 2.3.1).</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 12 August 2024. 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</p>

		<p>mobility and includes an indication of which rooms will have two people in it.</p> <p>There is an emergency management plan in place to ensure health, civil defence and other emergencies are included. The living well 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 16,000 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 gas hobs in the kitchen. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. The call bell system (Nurse Call Solutions) is monitored for response times.</p> <p>Call bells are in each bedroom and ensuite. Staff are alerted to individual call bells by mobile phone, which they carry on them at all times. 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 provide 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 manage 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</p>	<p>FA</p>	<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.</p>

<p>policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>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 manager is the infection control coordinator and has completed the required training specific to their roles and responsibilities. The clinical manager 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 manager was involved in decision making of the reconfiguration of the service.</p> <p>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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 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 is responsible for collating and analysing infection data on a monthly basis 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>FA</p>	<p>The living well manager oversees all non- clinical staff and operations. Linen is laundered on site seven days a week till 4 pm and delivered to each household the same day. There is a dedicated housekeeper doing laundry tasks Monday to Sundays. There is an existing centralised</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>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. Each 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 cleaners room on each level; there is a 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>The housekeepers work seven days a week and are responsible for cleaning tasks. Wellness partners are responsible for simple dishwashing tasks after mealtimes. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The housekeepers have attended training appropriate to their roles. The living well manager has oversight of the facility testing and monitoring programme for the built environment and reports results to the clinical manager.</p> <p>Washing temperatures are monitored and maintained to meet safe hygiene requirements. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage.</p> <p>The environment is culturally safe and appropriate to meet the requirements of the reconfigured services.</p>
Subsection 6.1: A process of restraint	FA	The business plan and quality plan evidence commitment of the

<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>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. A registered nurse with support from the clinical manager 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>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The roster evidences the staff ratio reflects the Arvida policy. On the day of the audit the staffing were observed to be adequate on the ground level and second level. However, on the first level in the [Tewa and Rees] households there were 17 residents: seven rest home residents and 10 residents at hospital level care.</p> <p>It was observed on three occasions that three residents in floatation chairs in Rees were not being sufficiently supervised in the lounge for a prolonged period of time when the two wellness partners were busy with the residents in Tewa household. There are non-clinical tasks included in the tasks of the wellness partners, including: facilitating activities, serving and plating meals, and washing of dishes (plates and cutlery) after meals.</p> <p>The lunch meal was observed. There were</p>	<p>(i). Staffing allocation for Rees and Tewa is not sufficient to manage ongoing supervision in the lounges/rooms and to ensure a pleasurable dining room experience.</p>	<p>(i). Ensure the staffing allocation for Rees and Tewa is sufficient to manage residents needs and wellbeing and these will also need to be verified as suitably addressed prior to utilisation of the rooms for double occupation in these two households.</p> <p>60 days</p>

		<p>six residents receiving puree meals in Reese household who need full assistance with eating. The meals were removed from the hotbox; the meals were still of appropriate temperature. It was observed that there were no staff available to assist residents with their meals. Four wellness partners interviewed stated that the Rees and Tewa household have higher acuity and need more staff. It was noted that the third wellness partner (floater) was on lunch. On return 40 minutes later only three residents received their meals.</p> <p>The roster and staff allocation needs improvement for the Rees and Tewa household to meet the current needs of the residents, and these will also need to be verified as suitably addressed prior to utilisation of the rooms for double occupation.</p>		
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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.