

# Aria Bay Senior Living Limited - Aria Bay Retirement Village

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Aria Bay Senior Living Limited

**Premises audited:** Aria Bay Retirement Village

**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: 15 December 2020 End date: 15 December 2020

**Proposed changes to current services (if any):** Aria Bay Retirement Village is a modern, spacious, purpose-built facility on a sloping section. The new facility is adjacent to the current rest home. The care centre is to operate on four levels (ground floor, level 1, 2, 3). Ground floor includes service areas, care parking, reception and offices. Level one includes a 19-bed secure dementia unit; level two and level three includes dual-purpose beds (21 beds on level two and 19 beds on level three). The service is opening in planned stages. This partial provisional included verifying stage one of the care centre (level one, two and three).

Residents from the current adjacent rest home (37-beds) will transfer to the new care centre on opening (20 January 2021). Stage two of the project build includes demolishing the old rest home and landscaping a garden area.

Total number of beds verified at this audit is 59 beds in the care centre. The service continues to also be certified for rest home level care across 17 of their serviced apartments which is near the new care centre and adjacent to the current rest home.

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

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Aria Bay is owned and operated by the Arvida Group. The service currently provides rest home level care for up to 54 residents (37-bed rest home and 17-bed serviced apartments). On the day of the audit, there were 35 residents including one resident in serviced apartments.

This partial provisional included verifying stage one of a new purpose-built care facility. The new care centre is a modern, spacious, purpose-built facility on a sloping section. The new facility is adjacent to the current rest home. Residents from the current adjacent rest home (37-beds) will transfer to the new care centre on opening (20 January 2021). The care centre is to operate on four levels (ground floor, level 1, 2, 3). Ground floor includes service areas, care parking, reception and offices. Level one includes a 19-bed secure dementia unit; level two and level three includes dual-purpose beds (21 beds on level two and 19 beds on level three). The service is opening in planned stages. Stage two of the project build includes demolishing the old rest home and landscaping a garden area.

Total number of beds verified at this audit is 59 beds in the care centre. The service continues to also be certified for rest home level care across 17 of their serviced apartments which is near the new care centre and adjacent to the current rest home. Overall total beds are 76.

There is a village manager (non-clinical) who has been in the role for eight weeks and has previous business/finance experience. The village manager is supported by a clinical manager (registered nurse) who has been in the role at Aria Bay for the last 14 months, and support office.

The audit identified the design of the two dual-purpose units and 19-bed dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

Improvements are related to opening of the new facility and employing more staff.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The proposed staff and newly purpose-built facility are appropriate for providing the initial service on opening of dual-purpose beds (20 January 2021) and dementia beds (late February 2021).

Aria Bay has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes. There is a transition plan and mobilisation plan around the opening of the new care centre and transferring of residents from the old rest home.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as Wellness Partner (caregiver), registered nurse (RN), and so on.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening each of the floors and this is reflective in the draft rosters and processes around employment of new staff. The draft staffing roster also allows for assessed service type and acuity of residents.

## **Continuum of service delivery**

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. There is a treatment room on each dual-purpose floor and a locked cupboard in the dementia unit. The service is planning to transfer the current electronic medication system from the old facility to the new care centre .

The facility has a large workable kitchen in the service area on ground floor. There is a walk-in chiller and freezer. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the unit satellite kitchens. Nutritional profiles are to be completed on admission and provided to the cook.

## **Safe and appropriate environment**

There are documented processes for waste management. There are secure sluices on each floor.

The facility is completed, purpose-built and staged openings are scheduled for the care centre. The building is on a sloped section. The building and plant have been built to comply with legislation. There is a CPU completed for the new building. The organisation has purchased all new equipment, although some will transfer across from the current facility. The dementia unit has a spacious

outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There is access onto a shaded patio and outdoor landscaped courtyard with paths.

There are spacious outdoor balconies off the communal lounges of the dual-purpose units with shade, seating, table and chairs. There is another balcony off the second quiet lounge on each floor.

Every resident's room has an ensuite with an accessible shower, toilet and handbasin. All bedrooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Each floor has a large spacious open-plan dining area and lounge area with kitchen. There is also a second quiet lounge on each floor.

The laundry is in the service area on ground level and has separate entrances for dirty and clean laundry. A domestic washing machine and dryer is on level one, within a cupboard for residents to wash some of their own laundry if they wish.

There is an emergency and evacuation procedures and responsibilities plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are call bells in the residents' rooms, and lounge/dining room areas. These are linked to staff pagers. There are security procedures in place.

Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in all rooms and communal areas and underfloor heating in bathrooms.

## **Restraint minimisation and safe practice**

Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The clinical manager will continue in the restraint coordinator role. There is an organisation restraint approval committee (clinical managers), and site-specific quality committee acts as the restraint committee at Aria Bay. The service has maintained a restraint-free status and this approach is planned to continue in the new care centre.

Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is completed annually and is also included as part of the induction week.

## Infection prevention and control

Infection prevention and control (IPC) is currently the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Support Office in place. Infections are benchmarked across the organisation.

Covid-19 was managed and well documented. Policies, procedures and the pandemic plan have been updated to include Covid-19. There are adequate supplies of outbreak management equipment.

## Summary of attainment

The following table summarises the number of standards 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)
<b>Standards</b>	0	14	0	3	0	0	0
<b>Criteria</b>	0	34	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Aria Bay is owned and operated by the Arvida Group. The service currently provides rest home level care for up to 54 residents (37-bed rest home and 17-bed serviced apartments). On the day of the audit, there were 35 residents (all under the ARCC contract) including one resident in serviced apartments.</p> <p>This partial provisional included verifying stage one of a new purpose-built care facility. The new care centre is a modern, spacious, purpose-built facility on a sloping section. The new facility is adjacent to the current rest home. Residents from the current adjacent rest home (37-beds) will transfer to the new care centre on opening (20 January 2021). The care centre is to operate on four levels (ground floor, level 1, 2, 3). Ground floor includes service areas, car parking, reception and offices. Level one includes a 19-bed secure dementia unit; level two and level three includes dual-purpose beds (21 beds on level two and 19 beds on level three). Stage two of the project build includes demolishing the old rest home and landscaping an outdoor garden area.</p> <p>Total number of beds verified at this partial provisional audit was 59 beds across the care centre. The service continues to also be certified for rest home level care across 17 of their serviced apartments which is near the new care centre</p>



		<p>and adjacent to the current rest home.</p> <p>There is a village manager (non-clinical) who has been in the role for eight weeks and has previous business/finance experience. The village manager is supported by a clinical manager (registered nurse) who has been in the role at Aria Bay for the last 14 months, and the national quality manager.</p> <p>The audit identified the design of the two dual-purpose units and 19-bed dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The service is opening in planned stages. The proposed staff and newly purpose-built facility are appropriate for providing the initial service on opening of dual-purpose beds (20 January 2021) and dementia beds (late February 2021).</p> <p>The village manager provides a monthly report to the Arvida CEO on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Aria Bay has a business plan 2020/2021 and a quality and risk management programme. The service has developed a transition plan around the new care centre and a mobilisation plan around transfer of residents from the old facility to the new care centre.</p> <p>The clinical manager has completed in excess of eight hours of professional development in the past twelve months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the clinical team leader, head of wellness operations and the general manager wellness and care.</p>
<p>Standard 1.2.7: Human Resource Management</p>	PA Low	<p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>individual's qualifications, experience and veracity. Five staff files were reviewed (one clinical nurse lead, one RNs, two caregivers (wellness partners), and one kitchen manager). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation, competencies and training were on files.</p> <p>The in-service education programme for 2020 has been completed and the plan for 2021 has been developed. An induction training week has been developed for the week of 11 January. A clinical training plan was also commenced for current staff from September 2020. This will also include upskilling current staff clinically to managing hospital and dementia residents.</p> <p>More than eight hours of staff development or in-service education has been provided annually. Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe driver and restraint, there was an up-to-date register.</p> <p>There are sufficient caregivers from the current rest home to cover the roster in the dual-purpose units in the new care centre.</p> <p>There are 21 wellness partners (caregivers), (seven have currently completed level four careerforce, three have completed level three and one has completed level two . There are two careerforce assessors who will continue to support caregivers to complete qualifications including the dementia standards. Initially those caregivers with the dementia standards will be rostered in the dementia unit. The dementia unit is not scheduled to open until late February.</p> <p>There are currently five RNs including the clinical nurse manager and clinical lead. Advised that a further two RNs will be employed to cover the initial 24/7 roster. Three are interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a specific staffing Policy which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Aria Bay have developed a number of draft rosters for increase in resident numbers across the new facility.</p> <p>A draft roster has been developed for the two dual-purpose floors and the dementia unit. The roster allows for increase in staff as resident numbers</p>

	<p>increase, the assessed level of residents and the acuity of residents.</p> <p>On opening, all of the rest home residents from the current rest home will transfer across to the new facility. This essentially means 37 rest home residents will full 40 of the dual-purpose beds. Potentially a few of these residents will be reassessed as hospital level, but overall, most beds initially will be filled by rest home residents.</p> <p>Dementia unit (Robin unit):</p> <p>Initially on opening the clinical manager and clinical nurse leader will oversee the dementia unit. For up to 5 residents, there will be a caregiver 0700 – 1500, one caregiver 1500 – 2300 and one caregiver 2300 – 0700.</p> <p>The roster allows for two caregivers on each shift when there are 5-10 residents (adjusted for acuity). There will also be an extra RN based in Robin unit for 4 shifts a week 1000-1800 when there are around 10 residents in Robin. This will increase to 7 shifts a week as they near full capacity.</p> <p>Dual-purpose units (Tui and Kea units):</p> <p>A draft roster has also been developed for both units. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>Initially there is one RN 24/7 across the two units while the majority of residents are rest home level. An RN will be rostered each floor as hospital and acuity level increases. In addition, the clinical manager and clinical nurse leader work 5 days a week.</p> <p>Level two (Tui unit) includes 2 caregivers 0700 – 1500, one caregiver 1500-2300 and one caregiver 1700 – 2000. There is one caregiver at night 2300 – 0700</p> <p>Level three (Kea unit) includes 2 caregivers 0700 – 1500, one caregiver 1500-2300 and one caregiver 1700 – 2000. There is one caregiver at night 2300 – 0700</p> <p>There is a contracted physiotherapist, hours yet to be confirmed but will be reflective of resident needs and numbers.</p> <p>There is a physio assistant and a contracted physiotherapist available.</p>
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<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. There is a secure medication room on each floor with handbasin, fridge and secure cupboards and safe. The service will need to consider how these rooms can maintain a temperature below 25 degrees.</p> <p>Individual medications are to be stored safely in the locked boxes in the resident ensuites. Clinical staff who administer medications (RNs, enrolled nurses and caregivers) have been assessed for competency on an annual basis and attend annual medication education. Further training will be completed for any new staff at induction to the new building. Registered nurses have completed syringe driver training. All medication (blister packs) is checked on delivery against the electronic medication charts. Procedures are documented around self-medicating.</p> <p>The GP had reviewed the medication charts at least three-monthly. 'As required' medications had prescribed indications for use.</p> <p>The service has a contract with two nurse practitioners that link with a GP service. They will continue with the service in the new building. They currently visit 2x weekly and hours will increase with the increase in resident numbers. They are on-call 24/7.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual and food control plan (covers current kitchen in the rest home).</p> <p>The new kitchen is on the ground floor in the service area. There is a service lift next to the kitchen to assist with transporting hot boxes to each floor. There is one kitchen manager and three employed kitchen assistants to cover seven days. They have all completed food safety certificates. Kitchen staff will transfer with residents and staff to the new facility on opening.</p> <p>The kitchen includes one walk-in chiller and a walk-in freezer and pantry. The kitchen is spacious with room for an area for cleaning dishes, an area for cooking and a specific area for dishing up. The kitchen has the latest Southern hospitality equipment. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is transported in hot boxes to the kitchenette in the dual-purpose units and dementia unit then served. The dining area in the dual-purpose unit and dementia unit has access to hot water, which includes safety</p>

		<p>measures to use.</p> <p>Arvida has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The kitchen manager will have nutritional information on all residents electronically. There is access to a community dietitian.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service wellness leader (DT) works between Monday and Friday and is supported by three activity coordinators. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time. The activity coordinators are involved in the six-monthly review with the RN.</p> <p>The wellness (activity) team provide individual and group activities and guide caregivers (Wellness partners) to complete activities with the residents. These include (but not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor garden walks and activities, hand and nail care and group games. Community visitors include volunteers, church services, school children and entertainers. The service has a van for outings into the community.</p> <p>Residents receive a copy of the fortnightly programme which has set daily activities and additional activities, entertainers, outings, church services and movies. The programme aligns with the Wellness model of thinking well, engaging well and moving well. Activities will be held in the communal lounges on each floor, and smaller group activities can run concurrently in the smaller lounges.</p> <p>Household meetings will continue regularly when residents transfer to the new care centre.</p> <p>Advised that one on one activities such as individual walks, chats and hand massage occur for residents who are unable to participate in activities or choose not to be involved in group activities.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are</p>	FA	<p>There are documented processes for waste management. There are secure sluices in each unit. A sanitiser is available in each sluice room. There are cupboards within the sluice for storage of chemicals. There are secure cleaning</p>

<p>protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>cupboards on each floor.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaners' cupboards. MSDS for chemical products are available. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the 'all employee's' induction programme. Staff have completed chemical safety training by the chemical provider.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is completed, purpose-built and staged openings are scheduled for the care centre. The building is on a sloped section. There is an entrance/reception area from the ground floor car park and from the road entrance.</p> <p>The building and plant have been built to comply with legislation. There is a CPU completed for the new building, dated 25/11/20. The organisation has purchased all new equipment, although some will transfer across from the current facility. Equipment is appropriate for hospital (and rest home) level care. There are two lifts (one service lift) and one visitor lift. The lift is accessible for residents and relatives and opens to the entrance foyer of each floor (unit).</p> <p>There is a 10-seater van on site available to transport residents. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery are checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Arvida quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Arvida services. Hot water is monitored in resident areas monthly, these have been completed in the new building.</p> <p>Dual purpose units (level two and three)</p> <p>The level two 21-bed unit and level three 19-bed unit are fully completed and furnished. Due to the living-well model, a home-like desk is stationed in the lounge area for staff to complete computerised notes as needed rather than a</p>

	<p>specific nurse's station. There is a specific nurse's room on level three for private conversations. The floors are designed in a U-shape with a large open-plan lounge/dining area and satellite kitchen in the central area of the floor. There are handrails in ensuites and narrow handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose units for storage of mobility equipment. Hi-lo and electric beds have been purchased. There are landing strips purchased and sensor mats. The resident rooms have large windows. There are spacious outdoor balconies off the communal lounges with shade, seating, table and chairs. There is another balcony off the second quiet lounge on each floor. Due to the current rest home building still being located adjacent to the new building there is currently no specific outdoor garden area for the rest home/hospital residents. Demolition of the old rest home and landscaping of garden areas is to be completed as part of stage 2. This is to occur within the next 18 months. In the interim there is a large accessible park over the road from the new building. Residents will be able to access or be taken to the park regularly for outdoor walks. .</p> <p>Dementia unit (level one):</p> <p>The dementia unit (19 beds) is on level one. Due to the sloping section, the outdoor garden area off the dementia unit is on ground level. The unit is fully completed and furnished. The unit is accessed via a lift into a secure foyer area. There is an electronic walled iPad that allows visitors to talk to staff and gain access to the unit.</p> <p>There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The unit's design and equipment purchased, specifically consider residents with confused state. The unit is designed in a U-shape with a centrally located spacious open plan lounge and dining area.</p> <p>The new unit has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the new unit for storage of mobility equipment. A nurse's office is within a large cupboard off the dining area that be kept open or closed. There is another quiet lounge off the end of one wing. There is a balcony off the lounge. As it is on the first floor, the service is yet to secure and ensure this balcony is safe.</p> <p>The dementia unit has a spacious outdoor area off the open plan living area. This</p>
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		allows for easy indoor/outdoor flow and supervision. There is access onto a shaded patio and outdoor landscaped courtyard with paths. There are other doors from hallways to the courtyard which provide a circular path for wandering. The outdoor area includes (but not limited to) directional paths with raised gardens, seats and gates.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Dual-purpose unit: Every resident's room has an ensuite with an accessible shower, toilet and hand basin, with under floor heating. There is one communal toilet and shower that is large enough for a shower bed near the open plan communal lounge and dining room. There is a separate toilet for staff and visitors.</p> <p>Dementia: Every resident's room has an ensuite with a disability friendly shower, toilet and handbasin. The use of different coloured toilet seats makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room. Communal toilets are well signed.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Dual-purpose units: Residents rooms in the level two and level three hospital/rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Ceiling hoists are available in the resident rooms.</p> <p>Dementia unit: Residents rooms in the dementia unit are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Dual-purpose units: Level two (Tui unit) and three (Kea unit) hospital/rest home units have a large open-plan dining area and lounge area. One side is a spacious lounge, and the other side is the dining area and kitchen. There is a smaller but spacious quiet lounge located at the end of a hallway that includes a covered balcony. The centrally located nurse desk is within the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities. Some of the lower wide coffee tables may not be suitable for residents with mobility equipment and a review of these should be</p>



		<p>considered. The large communal lounge has sliding doors that open out to a covered balcony with table and chairs.</p> <p>Dementia unit: The dementia unit is a similar design to the dual-purpose floors above. The open-plan living area is spacious with a separate assigned dining area. The roomy open plan area allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. There is a separate quiet lounge at the end of a hallway. The centrally located nurse's desk is behind a large cupboard within the open plan aspect of the dining area.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The organisation provides housekeeping and laundry policies and procedures, which are robust and will ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area wing on ground level and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. Linen is to be transported to the laundry via the laundry chute at the end of each wing. There are covered linen trolleys available. There is a service lift to transport clean linen to each floor. A domestic washing machine and dryer is on each floor within a cupboard for residents to wash some of their own laundry if they wish. There are currently four housekeeping/laundry staff who will transfer from the current facility to the new care centre. The number of laundry and cleaning staff will be increased as occupancy increases. There are locked cleaners' cupboards on each floor.</p> <p>The organisation has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as part of the quality programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Diversey.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	PA Low	<p>There is an emergency and evacuation procedures and responsibilities plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 4/12/20 for the new building. A fire evacuation drill is</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>scheduled for the induction week. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments.</p> <p>There are adequate supplies in the event of a civil defence emergency including emergency power back up, civil defence and first aid kits, food, water (large water tanks), blankets and gas cooking (gas hobs). There are also sufficient supplies of outbreak/pandemic and personal protection equipment (PPE) available. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. These are linked to staff pagers. There are security procedures in place.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in all rooms and communal areas and underfloor heating in bathrooms. All rooms have large windows and or sliding doors with Juliet balconies. Some of the dual-purpose rooms have small accessible balconies.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the quality management system. The clinical manager is the designated infection control coordinator with support from the organisation and other members of the infection control team, who are representative of the facility. Minutes are available for staff to read. Internal audits have been conducted and include hand hygiene and infection control practices. These will continue across the new care centre. Education is provided for all new staff on orientation. The Arvida infection control programme has been reviewed annually.</p> <p>Hand sanitiser is available at the main entrance and is in the process of being installed throughout the facility. Adequate supplies of personal protective equipment have been increased and are available and have been increased. The organisation has a comprehensive pandemic plan.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The restraint coordinator is currently the clinical manager. There is an organisation restraint approval committee (clinical managers forum), and the site-specific quality committee acts as the restraint committee at Aria Bay. The service has maintained a restraint-free status and this approach is planned to continue in the new care centre.</p> <p>Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is completed annually and also included as part of the induction week.</p>
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## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	There are sufficient caregivers from the current rest home to cover the roster in the dual-purpose units in the new care centre. There are currently four RNs including the clinical manager.	The service does not currently have sufficient RNs to cover 24/7. Advised that a further two RNs will be employed to cover the initial 24/7 roster, prior to a hospital assessed resident admitted.	<p>Ensure there are sufficient RNs employed to cover 24/7</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The dementia unit has a spacious outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There is access onto a shaded patio and outdoor landscaped courtyard with paths. There are other doors from hallways to the courtyard which provide a circular path for wandering. The outdoor area includes (but not limited to) directional paths with raised gardens, seats and	There is a balcony off the lounge with a railing. As it is on the first floor, the service is yet to secure and ensure this balcony is safe. Advised the balcony sliding door will be kept dead locked until the balcony area has been enclosed and fully secure	<p>Ensure the balcony area is secured off until the balcony is fully enclosed</p> <p>Prior to</p>

		gates. There is another quiet lounge off the end of one wing. There is a balcony off the lounge with a railing. As it is on the first floor, the service is yet to secure and ensure this balcony is safe. Advised the balcony sliding door will be kept dead locked until the balcony area has been enclosed and fully secure.		occupancy days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. A fire drill is scheduled as part of induction to the new building.	A fire drill is scheduled for induction of the new building	<p>Ensure a fire drill is completed prior to occupancy</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display
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End of the report.