

Aria Gardens Limited - Aria Gardens Home and Hospital

Introduction

This report records the results of a Certification 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Aria Gardens Limited
Premises audited:	Aria Gardens Home and Hospital
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: 26 October 2022 End date: 27 October 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	130

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 tatou 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Arvida Aria Gardens is a one level care home in the heart of Albany on Auckland's North Shore. Arvida Aria Gardens provides hospital (geriatric and medical), rest home and dementia care for up to 153 residents. There were 130 residents on the days of audit. Arvida Group is an experienced aged care provider and there are clear procedures and responsibilities for the safe management of residents at all levels of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The service continues to make environmental improvements to include refurbishment of rooms.

The village manager (non-clinical) is appropriately qualified and experienced and is supported by two clinical managers and six clinical nurse leaders (RN). There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit meets the intend of the standard. The service was awarded a continuous improvement rating related to improved communication process, the implementation of falls management strategies and maintaining a restraint-free environment.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained

Arvida Aria Gardens provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family are kept informed.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager supported by two clinical managers, oversees the day-to-day operations of the service.

The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Arvida Aria Gardens has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Aria Gardens collates clinical indicator data and benchmarking occurs.


There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction 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. Competencies are maintained.

Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or

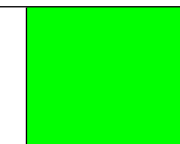
family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior wellness partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The wellness activities champions provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24 hours a day. The service has a current food control plan. Planned exits, discharges or transfers were coordinated.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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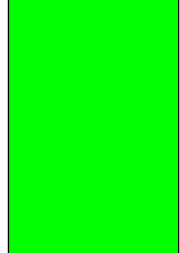
The building holds a current warrant of fitness. There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe and include testing and tagging and calibration. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit and enclosed outdoor area is secure.

All bedrooms are single occupancy. There is a mixture of rooms with full ensuite or shared bathrooms and toilet facilities. Rooms are personalised with ample light.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment.

There have been five Covid-19 outbreaks and one norovirus outbreak since the previous audit and these have been managed and documented.

There are documented processes for the management of waste and hazardous substances in place, Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, the facility was restraint free other than the environmental restraint forming part of the dementia unit. The service has a commitment to eliminating restraint, which would only be used as a last resort when all other options have been explored. Staff receive education in restraint minimisation and challenging behaviour. Restraint, including alternatives to its use, are discussed at staff meetings.

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	27	0	0	0	0	0
Criteria	3	159	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Arvida Aria Gardens is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and evidence is documented in the resident care plan.</p> <p>The village manager stated that she supports increasing Māori capacity within the workforce and will interview Māori applicants when they do apply for employment opportunities at Aria Gardens. At the time of the audit there were Māori staff. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village manager described how at a local level they progressed to establishing relationships with the Māori community, kaupapa Māori services including clinics, traditional practices and health hui or a Whanau Ora service. The organisation has a relationship with Ngāti Rēhia, and has a contracted Māori consultant available to support policy review, te reo, Te Tiriti,</p>

		<p>and tikanga Māori training and additional support.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Eighteen wellness staff interviewed includes five registered nurses [RN], two clinical managers [CM], six wellness partners (caregivers), and five wellness champions including one wellness leader (diversional therapist) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework which is still in development stage. Four stages have been identified for implementation and include setting the foundations, develop commitment, deliver the action plan and providing leadership.</p> <p>On admission all residents state their ethnicity. There are residents in care that identify as Pasifika. Resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The clinical managers (CMs) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>Arvida Aria Gardens partners with Pasifika organisations and collaborate with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pasifika services information is available through He Hara Whakamua booklet. Code of Rights is accessible in Tongan and Samoan when required.</p> <p>The service is actively recruiting new staff. There are staff that identify as Pasifika. The village manager described how Aria Gardens increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with twenty-one staff (eighteen wellness staff, one chef, one laundry assistant, one property manager), four managers (national quality manager [NQM], village manager [VM], two clinical managers [CMs]) and documentation reviewed identified that the</p>

		service provides person-centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The admission coordinator supported by the clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly household meetings. Eight residents (four hospital and four dementia) and seven family/whānau (four hospital and three rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the My Rights During Service Delivery policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>Wellness staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>Residents have control over and choice over activities they participate in.</p> <p>The Aria Gardens annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to Tāngata Whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families. The current survey questionnaire is now with residents and whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. There were no married couples at the time of the audit and no shared rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori.</p> <p>Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>An abuse, neglect and discrimination policy is being implemented. Arvida Aria Gardens policies prevent any form of acknowledgement of</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct document. This management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and wellness partners confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Fortnightly household meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, this was</p>

		<p>confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was a resident identified who did not speak English. Support strategies and interpretation services are documented to assist with communication needs when required and include cue cards and phone translation. There are staff available to interpret.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora specialist services (eg, physiotherapist, district nurse, speech language therapist, mental health services for older adults, and pharmacist). There are two dietitians employed to support nutritional consultation. The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The service is awarded a continuous improvement rating related to improved communication during end-of-life care.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, regular newsletters and household meetings.</p> <p>Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Twelve electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were</p>

<p>supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>included and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity was on file.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the wellness partners and registered nurses confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and on the electronic resident management system. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Commissioner (HDC).</p> <p>The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There were five complaints logged for 2021 and three in 2022 year to date. There was one complaint from 2021 logged through HDC. The service completed an investigation, and a response was forwarded to HDC as required. The service developed a corrective action from lessons learned, debrief with staff, and implemented actions for improvement. There was no follow-up response received from HDC at the time of the audit. The complaint remains open.</p> <p>Other complaints logged include an investigation, root cause analysis, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident (household) meetings are held fortnightly where concerns can be raised. Family/whānau confirm during interview the CMs and village manager (VM) are available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The VM and CMs acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational</p>	<p>FA</p>	<p>Arvida Aria Gardens is a one level care home in the heart of Albany on Auckland's North Shore. Aria Gardens is owned and operated by the Arvida Group. The service provides care for up to 153 residents with an occupancy of 130 residents on the day of audit.</p> <p>Occupancy includes 31 residents at rest home level, including one resident on respite care and one on younger persons with disabilities (YPD) contract, and 80 residents at hospital level care, including six</p>

<p>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>	<p>on an interim care contract, three on younger persons with disabilities (YPD) and one on long-term support chronic health contract (LTS-CHC). There were 19 residents requiring dementia level of care. The remaining residents were on the age-related residential care services contract.</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each Village which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care. This puts the resident at the centre of care, directing care where they are able and being supported by and with whānau, as much as practicable. This is reviewed each year and villages are encouraged to develop their own village specific goals in response to their village community voice.</p> <p>Each VM is responsible to ensure the goals are achieved and record progress towards the achievement of these goals.</p> <p>Arvida Group’s Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Terms of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO), chief financial officer (COO) and chief operational officer (COO) had all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team; general manager village services; procurement team; information and technology team; people and culture team; head of employment relations; and accounts personnel.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village. Each village manager has a support partner that provides mentoring and reports 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,</p>
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		<p>escalated complaints, human resource matters and occupancy.</p> <p>The executive team, VM and CM have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of the Ngā Paerewa Services Standard.</p> <p>A separate Māori advisory group is developed to improve the outcomes that achieve equity for Māori. Arvida Group contracted a Māori consultant to support policy review, te reo, Te Tiriti and tikanga Māori training.</p> <p>Arvida Group have a quality assurance and risk management programme and an operational business plan. The 2022 business plan is specific to Arvida Aria Gardens and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience.</p> <p>The village manager (VM) oversees the implementation of the quality plan. The clinical managers provide regular reporting to the VM that include infection control and analysis of adverse events and summaries of clinical risk. These outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. At a strategic level, Arvida will expand Ngāti Rēhia relationships for all new developments and establish partnerships around health services provision to kaumātua.</p>
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		<p>The working practices at Arvida Aria Gardens is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>Through implementation of the Living Well framework, and quality management framework, the goal is to ensure a resident led culture, where the resident engages in all aspects of their life. Staff are always respectful of the resident's preferences, expectations and choices, recognising that the resident and family/whānau must be at the heart of all decision making. It involves all staff in every village and every staff member is expected to be active in implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The service is managed by a village manager (non-clinical) who has been in the role for three years. She has 23 years' experience in aged care with 14 of these years being in management roles in other facilities. The village manager is supported by two clinical managers who are registered nurses (one rest home/dementia and one in the hospital). The clinical manager overseeing the rest home and dementia unit has a post graduate diploma in education and management and has been a registered nurse in aged care for 13 years. The CM has been in the role for several years and has experience as a registered nurse/clinical educator overseas. There are no limitations on their scope of practice. The other clinical manager has experience in aged care and been in the role since 2019.</p> <p>The management team is supported on site by experienced wellness staff, household staff and administration staff.</p> <p>The CMs and VM have maintained the required eight hours of professional development activities related to managing an aged care facility. The CM and VM attend Arvida forums and have completed professional development and cultural competency.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Arvida Aria Gardens is implementing a quality and risk management programme. The quality and risk management systems include</p>

<p>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>	<p>performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality improvement meetings, clinical (RN and senior wellness partner) and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The resident and resident/family satisfaction surveys has been completed with overall satisfaction. Corrective action plans have been implemented to improve on areas with some negative comments. All areas of care evidence high levels of satisfaction.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. A Māori advisor supports review of policies to provide a critical analysis to practice, improving health equity. New policies or changes to a policy are communicated to staff.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and</p>
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	<p>safety committee. There are monthly meetings with the national health and safety manager. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body.</p> <p>There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for up to sixteen hours per week and when required. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Mobility is assessed and evaluated by the physiotherapist at admission and as part of post fall assessment. Wellness champions implement exercises as part of the physical activity programmes. Registered nurses collaborate with wellness partners to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises. The service has been awarded a continuous improvement rating for the implementation of falls management strategies.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, pressure injury, absconding, skin tears).</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical managers in consultation with the allied staff, RNs, and wellness partners. The system escalates alerts to senior team members depending on the risk level. A notification and</p>
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		<p>escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Arvida facilities and other aged care provider groups.</p> <p>Discussions with the village manager, clinical managers and national quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seventeen section 31 notification completed to notify HealthCERT in 2021 and 2022 year to date including seven related to RN sickness/unavailability, two related to a missing resident, two for police involvement, including one related to a sudden death (coroner) and six pressure injuries since the last audit. There has been one confirmed norovirus outbreak in June 2022 and five Covid-19 outbreaks between February and July 2022.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is staffing rationale policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The village manager interviewed confirmed staff needs and weekly hours are discussed with the senior executive team member (the specific village manager support person that is part of the executive team).</p> <p>The service is actively recruiting for 5 FTE wellness partners. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>The VM confirmed the service's own staff cover the available shifts to provide sufficient cover.</p> <p>All registered nurses and all wellness partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The VM and CMs work Monday to Friday. The village manager is on call for non-clinical matters. The CM is on call and escalates to the GP/rapid response team or crisis response team at Te Whatu Ora, that provides clinical support.</p> <p>This included 31 residents at rest home level care (42 beds available)</p>

	<p>AM: RN x2 – one from 9am-5.30 pm (4 days a week) and one 6.45am-3pm (Sun-Thurs).</p> <p>two senior wellness partners (6.45am-3.15pm and 10am-6pm) supported by four wellness partners 7am-3pm and two wellness champions till 3pm</p> <p>PM: Five wellness partners (four from 3pm-11pm and one from 3pm-9pm)- one a flexi between households as needed.</p> <p>NIGHT: two wellness partners from 11pm-7am – one a floater</p> <p>There are 80 residents requiring hospital level of care (91 beds available); Camellia (14 hospital), Wisteria (14 hospital), Magnolia (15 hospital), Palms (11 hospital), Hibiscus (16 hospital) and Gardenia (21 hospital).</p> <p>AM: four RNs and three senior wellness partners with another nineteen wellness partners; two 7am-3pm for Palms; three for Wisteria (two long and one short shift till 1pm), four for Gardenia (three long and one short shift), three for Hibiscus (two long and one short shift), three for Magnolia (two long and one short shift), three for Camelia (two long and one short) and one flexi.</p> <p>PM: three RNs with one senior wellness partner and another fourteen wellness partners; two long shifts allocated to each area apart from Gardenia where there are three wellness partners allocated and one flexi – all working from 3pm-11pm.</p> <p>NIGHT: two RNs and one senior wellness partner with another seven wellness partners (one for each area and one flexi).</p> <p>There are 19 residents occupying the 20-bed dementia unit.</p> <p>RN for four days (Wednesday to Saturday) 10am-6pm and senior wellness partner 7am-3pm for other days.</p> <p>AM: three wellness partners 7am-3pm and wellness champion 9am-4.30pm (Monday- Friday) and three wellness champions.</p> <p>PM: three wellness partners (two from 3pm-11pm and one 3pm-9pm).</p> <p>NIGHT: one from 11am-7.30am and call for assistance from the hospital.</p>
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	<p>There are separate staff allocated for laundry, cleaning, maintenance, and office administration.</p> <p>There is an annual education and training schedule implemented for 2021 and being implemented and on track for 2022. The education and training schedule lists compulsory training which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff (September 2022). External training opportunities for care staff include training through Te Whatu Ora, and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 104 wellness partners employed and include casual and part-time staff. Arvida Aria Gardens supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. Seventy wellness partners have achieved either level three or level four NZQA qualification.</p> <p>An education policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses complete competencies including restraint, medication competency (including controlled drug management, insulin administration and syringe driver training), oxygen administration, bladder irrigation, and male catheterisation. Additional RN specific competencies include subcutaneous fluids, female catheterisation, and interRAI assessment competency. Fifteen of seventeen RNs are interRAI trained. All RNs are encouraged to attend in-service training and completed critical thinking and problem solving, infection prevention and control including Covid- preparedness, dementia, and delirium. All RNs attend relevant quality, staff, RN, health and safety and infection control meetings when possible.</p> <p>All wellness partners are required to complete annual competencies</p>
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		<p>for restraint, moving and handling, personal protective equipment (PPE), medication, handwashing, insulin administration and cultural competencies. A record of completion is maintained on an electronic register. There are 21 wellness partners allocated to the dementia unit and all have completed the relevant required dementia standards as per the ARC E4.5.c.</p> <p>The service encourages all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Residents' meetings (household) are held fortnightly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility.</p> <p>Staff wellness is supported by Wellness New Zealand and an employee assistance programme (EAP) is available. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Thirteen staff files reviewed (five wellness partners, four RNs (including the clinical manager, restraint coordinator, infection control champion), one wellness leader, chef, kitchen assistant, one laundry assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff that had been in employment for more than 12 months had an annual appraisal completed, and a three-month appraisal and development meeting occur three months after commencement of employment.</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. A comprehensive induction</p>

		<p>which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and wellness partners to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised. An orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a locked blue secure bin on site as well as a document shredder for immediate document destruction. Arvida has a contract with Iron Mountain for storage of archived files.</p> <p>Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for</p>

		National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Twelve admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p> <p>Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The service has a dedicated admission coordinator, who in addition to the village manager is available to answer any questions regarding the admission process. The two clinical managers (interviewed) described how the service openly communicates with potential residents and whānau during the admission process.</p> <p>Declining entry would be if there were no beds available, the potential resident did not meet the admission criteria, or the service is managing bed numbers in order to maintain safe staffing ratios (the service had six hospital beds closed for this reason at the time of audit). Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents; however, they do not currently perform analysis of same for the purposes of identifying entry and decline rates for Māori. This is a work in progress. The service has relationships with the Māori community, kaupapa Māori services including clinics, traditional practices and health hui or a Whānau Ora service, who are available to provide support to residents where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>Twelve resident files were reviewed, four rest home (including one respite), five hospital (including one young person with a disability [YPD], one long term support- chronic health contract [LTS-CHC], one on a short-term interim care contract), and three dementia level of</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>care. Registered nurses (RN) are responsible for conducting all assessments and develop the care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. Care plans are holistic in nature and reflect a person-centred model of care that give tāngata whaikaha choice and control over their supports.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All resident files (except short-term respite and interim care) had an interRAI assessment completed. This included residents on the YPD and LTS-CHC contracts. Additionally, all files had a suite of assessments completed to form the basis of the long-term care plan or interim care plan (respite/interim care). InterRAI and risk assessment outcomes form the basis of the care plans.</p> <p>Care plans had been evaluated within the required six-month timeframe where required and updated when there were changes in health condition and identified needs. Care plans are developed in partnership with the person (family also have input). Their specific goals (pae ora outcomes) are documented and the interventions on how to achieve them. The goals are evaluated six-monthly and the degree of outcomes/achievement are documented.</p> <p>The long-term care plan includes aspects of daily living. The care plan aligns with the service's model of living well. Challenging behaviour is assessed when this occurs. Cultural assessment details are weaved through all sections of the care plan.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at</p>
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	<p>least three-monthly. The GP (interviewed) routinely visits for twelve hours per week and provides out of hours cover. The two clinical managers are also available for after-hours calls and advice. When interviewed, the GP was very complimentary regarding the standard of care, level of organisation and nursing team. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans (ophthalmologist, vascular services, podiatry, dietitian, speech and language therapist, psychiatrist, psychologist, renal specialist, pain clinic). The service has contracted a physiotherapist for sixteen hours a week and when required.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by wellness partners and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP. Family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for the sixteen residents with current wounds (skin tears, abrasions, surgical wounds, and chronic ulcers). These included three stage III pressure injuries being treated (one facility, and two public hospital acquired). Input from the local Te Whatu Ora wound nurse specialist is comprehensively documented, with prevention strategies, including the use of specialist equipment documented in the care plan.</p> <p>Wellness partners and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for</p>
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		<p>individual residents. Wellness partners and RNs complete monitoring charts including: bowel chart; blood pressure; weight; food and fluid; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed for unwitnessed falls with or without head injuries.</p> <p>Any issues such as infections, weight loss, and wounds are added to the care plan. The service does not use short-term care plans.</p> <p>There were residents who currently identify as Māori, and these had appropriate cultural supports and interventions detailed in their electronic care plans.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a team of five wellness champions and one wellness leader (DT) that lead the activities programme. Wellness partners also assist with activities as required. All have first aid certificates. The overall programme has integrated activities that are appropriate for all residents. There is a planned programme Monday to Sunday for the rest home, hospital and dementia; some group activities are combined across the levels of care. The activities programme is supported by the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The activities are displayed in large print on all noticeboards and residents have copies in their rooms. They include exercises, Tai Chi, reading news, quizzes, board games, bingo, happy hour, mystery drives, pet therapy, arts, and crafts.</p> <p>On the day of audit residents were participating in exercises and quizzes, entertainment, and bus outings. Staff and residents' welcome community visits from therapy dogs and have Odin a golden Labrador who attends the facility with a staff member and they have a facility cat. The programme allows for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend to participate in activities or who choose not to be involved in group activities. There are plentiful resources. There are activities stations where resources (eg, puzzles, word games, crosswords) are freely available for residents, family, or staff to use.</p> <p>Activities that take place in the dementia unit include: yoga at dawn;</p>

	<p>sit dancing; creative club; movie afternoon; pamper time; music with Dave (external entertainer); dress in yellow/Cancer Society Daffodil Day; news and view reading; music; and poetry. The local school has recently built and planted a raised bed for flowers and vegetables, specifically for the secure garden area and will continue to visit in order to maintain this. The residents were observed taking part in a number of activities on the day of audit.</p> <p>Rest home activities included: exercise; walking group and games (moving well); quiz questions; chit chat (thinking well); baking; bingo; and the social club meeting (wellness) Italian evening -visiting nutritionist (Massey).</p> <p>Hospital activities include: music and colouring therapy; external entertainers; exercise groups; baking; discussion group; movies; and happy hour. One on one sessions are provided to residents who do not want to participate in group sessions.</p> <p>Destination of the van outings are initiated by the residents (eg, museum, butterfly creek and guided walks around Amberley Farm).</p> <p>The YPD resident programs are individualised specific to the individuals' requests.</p> <p>There are cultural events celebrated, Matariki, Diwali and a high tea for the Queens funeral. There are regular van outings. Church services, Catholic communion and online church services are held weekly, and families are taking residents to their local church services. Residents are encouraged to maintain links to the community. A younger resident attended Albany Hub – Rise Youth Community group. The service will ensure their staff support Māori residents in meeting their health needs and aspirations in the community. Te reo is encouraged through the use of Māori words. Māori language week and Matariki is part of the activities calendar. There are seating areas where quieter activities can occur. There is a hairdressing salon and library.</p> <p>The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile includes 'About me' and 'life history' that informs the activities/leisure plan. Individual activities plans were completed for all files reviewed. Activities plans are evaluated six-monthly. The service receives feedback and</p>
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		<p>suggestions for the programme through monthly resident meetings, community wellbeing meetings and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent wellness partners give medications. They all complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no self-medicating residents on the days of audit. There are no standing orders in use, and no vaccines are stored on site.</p> <p>Each area has a medication/treatment room, where medication trollies are locked away when not in use. The daily medication fridge temperatures and weekly room air temperatures are checked and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. Medications are delivered from the pharmacy fortnightly, signed in by two staff, including a registered nurse, and these are routinely checked. Twenty-four electronic medication charts were reviewed and found to meet prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly, with evidence of discussion and consultation with residents taking place during these reviews if additions or changes were made.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. Over the counter medication and supplements are recorded on the medication chart. The clinical managers and registered nurses interviewed could explain how appropriate support, advice, and treatment for Māori residents is incorporated into medication management.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A qualified chef is the kitchen manager with six years’ experience in aged care, who oversees food services. All meals and baking are prepared and cooked on site. There is a second chef and a team of kitchen hands and kitchen assistants. All food services staff have completed online food safety training. The four-week winter/summer menu is reviewed by a registered Arvida dietitian (May 2022). The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies.</p> <p>The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen sends meals to the hospital kitchen via trollies to be served from the bain-marie by wellness partners. In the main dining room (rest home), the food is also served from a bain-marie directly to the residents by the chef. The meals for the dementia unit are served on trays. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There is a coffee and tea making area available in the kitchenette in each unit for residents and family to use. There are also snacks and fruit platters available.</p> <p>The food control plan was verified 14 June 2022. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals including ‘boil up’. Residents are offered choices at each meal. Resident surveys are completed annually. Café style breakfast was served and very popular with residents and a choice of a hot breakfast will be recommencing following Covid. Residents interviewed expressed their satisfaction with the meal service.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the 'yellow envelope' system. The residents and their families were involved for all exits or discharges to and from the service. Residents and their whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe 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>The building holds a current warrant of fitness which expires 20 July 2023. There is a property supervisor who works 40 hours a week. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging (facility and residents), residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida Group office but is adjusted to meet Aria Garden's needs. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed 30th June 2022. Annual checking and calibration of medical equipment, hoists and scales was completed 26th April 2022. Property supervisor provides gardening and landscaping services. Wellness partners interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and secure unit.</p> <p>There is a main entrance at the reception area with the manager's</p>

		<p>office and the admissions office.</p> <p>The left of the reception area leads to the hospital area with a central atrium, and six wings leading from here. All rooms are single occupancy with full ensuite facilities except as indicated: Camellia (14 hospital), Wisteria (14 hospital), Magnolia (15 hospital), four of these rooms have shared toilets, Palms (11 hospital), Hibiscus (16 hospital) all rooms have a shared ensuite and currently they have six beds closed. Gardenia (21 hospital) has four rooms which have a shared ensuite. The nurse's station and treatment room are situated in this area and a central hub with the kitchen, laundry, and meeting room/training room. The communal showers have privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>To the right of the reception is the rest home units which consists of Pohutukawa (22 rest home), Kowhai (20 rest home) and Kauri (20 dementia level care), the secure unit.</p> <p>Each of the wings and units have a main dining room and lounge. There are smaller lounges located throughout the facility. The hairdresser is situated in this area. Each area has their own nurse's station and treatment/medication room.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Wellness partners interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. There are internal and external garden courtyards with seating and shade available.</p> <p>There is safe access to all communal areas and internal courtyards. All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of heat pumps and wall heaters.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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 of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (14 January 2014). A fire evacuation drill is repeated six-monthly, and one was held 12 September 2022. Fire training was held on the 23 and 25 August 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are in a large cupboard and these are checked by staff.</p> <p>There is emergency lighting and a BBQ for cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation and it is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p>

		<p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours with cameras at reception and the back car park entrance, displayed at reception. There is security lighting installed outside. Currently, under Covid restrictions visitors are asked to sign in and wear a mask at all times.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Arvida's strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Arvida support office, a microbiologist, Public Health, and Te Whatu Ora. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at quality, infection control and staff meetings. The data is also benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control officer, the senior management team, the GP/NP, and the Public Health team. There is a documented pathway for reporting infection control and AMS issues to the Arvida Board. The Arvida executive team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Arvida support office in consultation with the infection control nurses. Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility. Residents and staff are offered influenza</p>

		<p>vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls are in place and all staff perform rapid antigen tests (RAT) daily. There were no residents with Covid-19 infections on the days of audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>FA</p>	<p>A registered nurse (clinical manager for the rest home and dementia) oversees infection control and prevention across the service. They are supported by an infection control champion (RN from hospital). The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online MOH infection training and online Altura education. The service has access to an infection prevention clinical nurse specialist from Arvida support office, microbiologist, and Te Whatu Ora.</p> <p>During Covid-19 lockdown periods there were regular zoom meetings with Arvida support office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment, and these are regularly checked against expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The procedures to check these will be included in their internal audit system. The service is working towards incorporating te reo information around infection control for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti. Handwashing posters are available in Māori.</p>

		<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing, N95 mask fitting and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through household meetings, newsletters, and emails. The Arvida Group infection control specialist provides consultation during the design of any new building or when significant changes are proposed to an existing facility. At Arvida Aria Gardens there are no changes proposed for the near future.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, infection control and staff meetings as well as Arvida head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and Arvida head office have direct access to data via the electronic system.</p> <p>The wellness & care systems manager collates data monthly on incidents and rates of healthcare associated infections (HAI) which is</p>

		<p>first presented to and discussed by the wellness & care team. This data is emailed to Villages, to support their quality programme, and reported to the Board monthly, identifying any trends and actions.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p> <p>Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and Te Whatu Ora for any community concerns.</p> <p>There has been five Covid 19 outbreaks between February and July 2022 and one confirmed norovirus outbreak in June 2022 (dementia unit only). These were well documented; however, ethnicity data was not collated at the time these occurred. The facility followed their pandemic plan. All households were kept separate (in a bubble). Staff wore personal protective equipment (PPE). Residents and staff completed rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted. Covid-19 antiviral medicines were used to treat residents with Covid-19 infection.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. 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>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each hospital wing and one in the rest home and one in the dementia unit with a sanitiser, stainless steel bench and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is completed on site seven days a week. There are two laundry assistants on duty each day. The laundry is operational till 7</p>

		<p>pm, seven days a week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>There are no new builds or major renovations planned, however, the infection control coordinator stated they have always been involved in contractor management and orientation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the hospital registered nurse, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit; having been so for almost two years. The service has been awarded a continuous improvement for maintaining a restraint-free environment.</p> <p>An interview with the restraint coordinator and national quality manager described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.6.1</p> <p>I shall receive information in my preferred format and in a manner that is useful for me.</p>	CI	<p>The village manager and clinical managers identified improvement required around clear communication within the team but also with the family/whānau during palliative care. There was collaboration with the care team and families with lived experience to understand how service delivery can be improved to ensure an improved experience. The service actively participates with the local hospice by improving the palliative care pathway within the clinical setting. The initiative is based around regular family/whānau meetings (including on Fridays), an update to family/whānau and plan of actions for weekend care when senior management are not on site. A plan is developed for the RNs to implement and this was supported by the local hospice nurse.</p>	<p>A quality improvement plan was developed, discussed at various meetings including staff, quality and clinical. All care staff completed training in palliative care. The quality improvement plan was regularly reviewed against the goals.</p> <p>The palliative care team supported the service to discuss expectations with families/whānau, assist with anticipatory prescribing and assist with the grieving process. Regular meetings between the care staff and with the palliative care team build capacity and capability for staff to feel comfortable and confident in the care they provide and for RNs to facilitate challenging discussions around end-of-life care.</p> <p>The following was achieved after 14 months: there is a process of clear communication to family/whānau and the hospice; and identification of residents with palliative care occurs early, to provide the required care at the right time and place. A booklet was developed for family/whānau to understand the palliative pathway, and describe the care required to</p>

			<p>meet the resident's individual goals and needs, according to the phases and progression of the illness. The family/whānau and resident's wishes are regularly discussed and incorporated into the care plan.</p> <p>As a result, there is an established collaborative relationship between the care team, hospice, and family/whānau. The email of feedback from families that lived through the experience was overall positive. An interview with the hospice nurse at the time of the audit verified the treatment pathway and communication to be successful and residents' quality of life are optimised until death.</p> <p>The palliative care pathway is embedded into practice and RNs stated overall communication has improved.</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The clinical managers review all incidents and accidents on a regular basis and report trends to a variety of meetings. Data collected and collated are used to identify areas that require improvement. The incidence of falls is reviewed and discussed at the quality meetings and clinical meetings. The summary of the analysis evidenced the incidence of falls increased in the last quarter of 2020. A plan was implemented to address the high incidence of falls with a focus on an identified group of residents.</p>	<p>A process was put in place to reduce falls and improve resident safety. 'Events per client' data is collated monthly. Individual residents across the service were identified as having recurrent falls. The individual falls plans, as well as a falls overview, became a fixed agenda item at the health and safety meetings, quality, and staff meetings. A quality improvement plan was developed, and regular progression recorded against the actions implemented.</p> <p>Residents falls are monitored monthly with strategies implemented to reduce the number of falls including: a) highlighting residents at risk and implement individualised interventions, including: to improve mobility through exercises; timely GP assessment for underlying causes and ensure optimisation of medication; physiotherapy assessments and development of mobility plans; ensure optimal nutrition and hydration and early intervention when weight loss occurs, with high protein smoothies to build muscle mass; and multidisciplinary participation, including the resident/whānau.</p>

			<p>b) review of the resident's environment including implementation of falls prevention equipment such as sensor mats and landing mats. Weekly call bell reports highlights call bell response time and create awareness and discussions for improvement. Rosters reviewed to ensure sufficient staff numbers for oversight.</p> <p>c) increase monitoring through individual scheduled toilet regimens, supervision, and intentional rounding.</p> <p>d) falls indicators are categorised for the overall care centre and individual for hospital, rest home and dementia. Falls are categorised in falls, falls with fractures and residents who fall.</p> <p>Wellness partners and RNs interviewed were knowledgeable regarding preventing falls and those residents who were at risk. The falls prevention programme has been reviewed monthly. A review of the data evidenced a decrease of falls incidents for the specific group of residents' overall care facility from 7.9/1000 bed days to 4.9/1000 bed days, dementia 9.8/1000 bed days to 7.3/1000 bed days and rest home 8.3/1000 bed days to 7.3/1000 bed days. For the duration of 2021 and 2022, the falls for every category remain below the Arvida benchmarking, Arvida target rate and external benchmarking data provided.</p> <p>The national quality manager and village manager confirmed and verified the data evidenced positive outcomes for the resident group.</p>
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>A review of the clinical indicator data indicated Arvida Aria Gardens to be restraint free from June 2021 to date, having worked on the initiative since November 2020. The facility was one of the highest users of restraint within the group in 2020. The restraint coordinator, clinical managers and village manager interviewed described the range of</p>	<p>The service wanted to continue to support residents' independence and safety with proven strategies and initiatives that maintains the restraint-free environment. These included: individual strategies to respond to specific resident needs including falls prevention; early intervention to identify changes in behaviour; quality use of medication; safe environment including a</p>

		<p>initiatives that have been implemented to remedy this situation, and how they now ensure the restraint-free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Care staff interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>dementia friendly design; review of timing of other activities; and individual schedules/routine.</p> <p>Arvida is committed to their responsibility of providing adequate staff levels and skill mixes to meet the needs of the residents. There is regular physiotherapy input to promote residents' independence through mobility support and exercise. Wellness partners oversee residents in the lounge areas to assist with supervision (including an extra rostered staff member in the dementia unit), with the wellness leader and champions facilitating activities and assisting with de-escalation where required. Education sessions for staff were provided to include restraint minimisation practices, behaviours that challenge and behavioural and psychological symptoms of dementia (BPSD) management. This resulted in an increased understanding of the importance of early intervention, encouraging staff input into residents' cares and empowering staff through accountability. Ongoing communication and involvement of the next of kin and with residents evidenced an improved understanding of the Arvida commitment to maintain a restraint-free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint-free environment since the start of the initiative with no incidences of restraint. Quality data related to incidence of falls during the same period show they have also decreased and are consistently below the group and external averages, as evidenced in the quarterly benchmarking sighted.</p> <p>Residents have been able to enjoy a safer and more</p>
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			<p>comfortable home experience with less distress and anxiety. This had promoted the quality of life for the residents.</p> <p>Positive feedback from residents and relatives around care were noted. These findings were discussed at clinical and quality meetings, and in monthly residents' newsletters (The Garden's Gazette).</p>
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End of the report.