

Lauriston Park Living Well Limited - Lauriston Park

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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Lauriston Park Living Well Limited
Premises audited:	Lauriston Park
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: 21 March 2024 End date: 22 March 2024
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:	31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Arvida Lauriston Park provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 63 residents. At the time of the audit there were 31 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Waikato. 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.

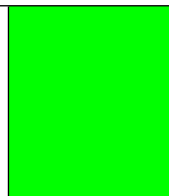
The village manager is supported by a clinical manager, clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and families/whānau 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.

This certification audit identified no areas requiring improvement.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

Arvida Lauriston Park 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. The service partners with Pacific communities to encourage connectiveness.

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 voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau 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 five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

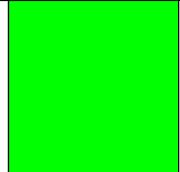
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as

scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. 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. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau 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 eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	---	--

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, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and 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 or nurse practitioner.

The wellness leader, and wellness partners provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

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. The service has a current food control plan. Nutritional snacks are available 24/7.

Planned discharges or transfers were coordinated.

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

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

Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. The dementia unit is secure, with a secure outdoor area. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. 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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to 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. 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. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks since opening, and these have been well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. 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 four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is governance commitment to minimise restraint use in the facility. 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 service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their whānau, with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>Lauriston Park 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 interviews all suitably qualified Māori applicants when they apply for employment opportunities at Lauriston Park. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents. Twelve staff interviewed (four wellness partners</p>

		<p>(caregivers), three registered nurses (RN), wellness leader, one kitchen manager, one chef, one maintenance, and one housekeeper) confirmed all cultures were treated equally and welcomed to the workplace.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the Health Equity Group on matters where policy or practice change may be required.</p> <p>The service currently has no residents that identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Wellness partners and the wellness leader were able to describe how care is based on the resident's individual values, preferences, 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>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. Management interviewed advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. 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.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with Pacific communities to produce their Pacific health plan. Lauriston Park has links with the local Pacific community through current staff</p>

		<p>members who identify as Pasifika.</p> <p>The management team were able to confirm how Lauriston Park is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service is actively recruiting staff and on review of onboarding documentation, there was evidence of equitable processes.</p> <p>Interviews with five residents (three rest home, two hospital) and five family/whānau (three rest home, one dementia, and one hospital) identified that staff put residents, family/whānau and the community at the centre of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager, or clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held weekly, shared between the various denominations. All residents are invited and supported to attend if they so wish.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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 a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. 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>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in October 2023 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora challenge, considering aspects of signage that reflect the use of te reo Māori, and are sharing knowledge around the values underpinning tikanga principles. Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable</p>

		<p>their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is implemented. One aim of the staff handbook is to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment took place in December 2023.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble, flexible, and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons, showing them respect and dignity. All residents and families/whānau interviewed confirmed that 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, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model</p>

		<p>of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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 and relatives on admission. Bimonthly resident 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 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 resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, Lauriston Park has appropriate communication strategies in place for staff members, should any resident require this support in the future.</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/whānau 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 hospice, and specialist services. The delivery of care includes a multidisciplinary team approach. Clinical review meetings are held weekly. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Families/whānau are invited to</p>

		attend.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Six electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident or the activated enduring power of attorneys (EPOA) for procedures such as 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 EPOA. The service welcomes the involvement of family/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 activated as applicable for residents assessed as incompetent to make an informed decision.</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/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with clinical staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code of Rights, informed consent and EPOAs is a mandatory topic delivered via the online learning system.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of</p>

		whānau input during decision making processes and planning care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<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, using a complaint register. This register is stored electronically. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>One complaint was lodged in 2023, and three in 2024 (year-to-date). There have been no complaints through external parties, including the Health and Disability Commissioner (HDC). Complaints logged include an investigation, outcome, 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 meetings are held bimonthly; chaired by the wellness leader (activity coordinator). The village manager is present during a portion of the meeting. Family/whānau confirmed during interview that the village manager is available to listen to concerns and acts promptly on issues raised.</p> <p>Residents and 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. Interpreter contact details are available.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	Arvida Lauriston Park provides care for up to 63 residents across 50 dual purpose (rest home or hospital) beds, and 13 dementia level (in

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>a secure unit).</p> <p>At the time of the audit, there were 31 residents in total: 8 hospital level residents; 19 rest home level residents (including two residents on ACC respite contracts); and four dementia level residents. All residents were admitted under the age-related residential care (ARRC) contract, excluding the two ACC respite residents.</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. Each village manager 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. Term 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 (CFO) and chief operational officer (COO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including; the wellness and care team, operations Team, finance team, village services team, and support partners.</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with the support partner providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints,</p>
---	---

	<p>human resource matters, and occupancy.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, Māori practitioner, clinical manager representative, expert resident, and wellness leader/manager representative.</p> <p>The village manager oversees the implementation of the quality plan. The clinical manager provides regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk. 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.</p> <p>The working practices at Arvida Lauriston Park are 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 Attitude of 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 and staff are always respectful of the resident's preferences, expectations, and choices, recognising that the resident and 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</p>
--	---

		<p>implementing the Attitude of Living Well model and to participate in the quality programme to support a resident centric environment.</p> <p>The village manager has been in the role at Lauriston Park for four years, and prior to this had extensive experience in aged care and village management. The village manager is supported by an experienced clinical manager and clinical coordinator. The management team are supported on site by experienced care and household staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Arvida Lauriston Park has effective quality and risk management programmes in place. These systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. 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. New policies or changes to policy are communicated to staff.</p> <p>Monthly village quality meetings 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 the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family satisfaction surveys (sighted) were positive. Results were communicated to staff and residents/families, evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an</p>

		<p>accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other Lauriston Park health and safety representatives. The Lauriston Park health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff/quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no incidents requiring Section 31 notifications to be submitted. There have been three infectious outbreaks which were appropriately notified.</p> <p>Te Tiriti o Waitangi and tikanga Māori training is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. The head of clinical quality benchmarks all quality data against other Arvida facilities, and industry standards are analysed internally to identify areas for improvement.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. A selection of RNs and wellness partners hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings.</p> <p>Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are</p>

<p>services.</p>		<p>sufficient staff to cover unplanned leave to provide sufficient cover. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday.</p> <p>The village manager rotates with the clinical manager, and clinical coordinator to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau confirmed there are sufficient staff to meet the needs of residents. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically (Altura). Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including (but not limited to): medication administration; controlled drug administration; wound management; subcutaneous fluids; syringe driver; and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint; moving and handling; personal protective equipment (PPE); handwashing; and cultural competencies. A selection of wellness partners have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. 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. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>There are 35 wellness partners employed in total. Arvida Lauriston Park supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and</p>
------------------	--	--

		<p>Wellbeing. Nineteen wellness partners have achieved either a level three or level four NZQA qualification. Sixteen wellness partners work in the dementia unit; of whom, three have attained their dementia standards, and the remaining thirteen are in progress.</p> <p>There are eight RNs (including clinical manager and coordinator); five of whom have completed their interRAI training.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. 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 resource policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy in place; however, staff had not yet been employed for more than 12 months.</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. All staff complete a comprehensive induction, 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 programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised, and an orientation programme and policy for</p>

		<p>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>	FA	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<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</p>	FA	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements. There is a specific short stay admission agreement for those residents who may require respite and short stay. Exclusions from the service are included in the admission</p>

<p>care. 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>		<p>agreement. Family/whānau 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 village manager and clinical manager are available to answer any questions regarding the admission process. The clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. 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 enquiry from individual residents. Arvida has a process to collate ethnicity data from all residents, and then analyse this for the purposes of identifying entry and decline rates. The village manager and clinical manager on interview, confirmed that they have not declined any residents unless the resident required a level of care that was not available at Arvida Lauriston Park. The analysis is completed by Arvida Group support office and results shared with facilities. The service has a meaningful partnership and working relationship with its own Māori staff to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed: two at hospital level; two at rest home, including one resident on an ACC contract; and two at dementia level of care. Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs</p>

<p>whānau to support wellbeing.</p>		<p>Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled (with the exception of the resident on the ACC contract) had been completed within three weeks of the residents' admission to the facility. For the resident on the ACC contract, appropriate risk assessments were completed that informed the interim care plan, related to (but not limited to) communication; culture; spirituality; mobility; hygiene; dressing; pain; skin; pressure risk; oral health; and sleeping. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet most of the residents' assessed needs, with detailed interventions to direct comprehensive care delivery. The long-term care plans are 'living documents;' interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved. Residents in the dementia unit all have behaviour assessment and behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The assessments identified the type of behaviours presented and triggers. The long-term care plan includes a 24-hour reflection of close to normal routine for the resident to assist wellness partners in management of the resident behaviours.</p> <p>Although there were no Māori residents at the time of the audit, interview with registered nurses confirmed that staff would complete a Māori health care plan which describes the support required to meet resident's needs. The registered nurses described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the GP or NP within required timeframes and when their health status changes. There is documented evidence of the exemption</p>
-------------------------------------	--	--

	<p>from monthly GP and NP visits when the resident's condition is considered stable. The GP and NP visit the facility twice a week (Tuesdays and Thursdays). Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility continues to access the GP and NP practice for on-call service. A physiotherapist visits the facility once a week and reviews residents referred by the registered nurse. A speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand - Waikato.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family/whanau are informed where there is a change in health, including infections, accidents/incidents, general practitioner and nurse practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were two active wounds from two residents. These were chronic wounds which were also updated in the long-term care plans. Referrals were completed for wound nurse specialist input and staff were waiting for a response at the time of the audit. There were no residents with pressure injuries.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by wellness partners and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP or NP. Registered nurses also undertake</p>
--	--

		<p>comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the acute changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Wellness partners interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely and comprehensively been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</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>	FA	<p>The residents' activities programme is implemented by one wellness leader, a trained diversional therapist who works full time and is supported by wellness partners to provide all residents with their activities. Wellness partners have access to resources such as table games, puzzles, and quizzes to assist with activities throughout the day and after hours. The overall programme has an integrated resident led activities programme that is appropriate for all residents. The activities programme is supported by the Arvida 'Attitude of Living Well' framework that covers every aspect of life: eating well,</p>

	<p>moving well, thinking well, resting well, and engaging well.</p> <p>The activities programme is displayed on the noticeboards and residents have copies in large print. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise; some enjoying outdoor time; and entertainment by a te reo Māori singing group was on in the afternoon. The programme allows for flexibility and resident choice of activity. Residents have a weekly meeting to plan for their upcoming events and develop a calendar that suits their needs. For those residents who choose not to take part in the group activities, one on one visits from the wellness leader and wellness partners occur regularly and is documented in the resident records. An outing is organised weekly and regular visits from community visitors occur. Communion and multi-denominational church services are held weekly.</p> <p>There are distinct programmes specific to the dementia household and others for rest home and hospital level care residents. The dementia household activities programme has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, baking, and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and wellness partners. The service has created a therapeutic space (on the first floor) 'sensory room' for residents, which provides gentle stimulation of the senses and a calming and relaxing space.</p> <p>The wellness leader and wellness partners integrate te reo Māori in the daily programme with the use of te reo Māori phrases and everyday words as part of the daily activities programme. Although there were no Māori residents at the time of the audit, the service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. The service has a</p>
--	--

		<p>visit to the local Marae once a month. Kapa haka and poi making form part of the activities on offer, and family/whānau participation in the programme is encouraged. Residents are encouraged to maintain links to the community. Arvida Lauriston has a close partnership with community volunteers who are included in various aspects to enhance the resident wellbeing. Their work includes (but not limited to) upskilling with digital knowledge of the residents; coordination of the mobile library that includes audio books for those with vision impairment; facilitation of weekly devotion services; and intergenerational activities from local kindergarten.</p> <p>The residents' activities assessments are completed by the wellness leader using the 'about me,' 'leisure,' 'life history,' cultural assessment and Māori care plan. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are currently reviewed three-monthly and are part of the formal six-monthly care-plan review and multidisciplinary review process.</p> <p>The residents and their families/whānau reported satisfaction with the variety of activities provided that catered for everyone's needs. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings (including representatives from different households) and household specific meetings are held and include discussion around activities. Family/whānau of residents in the Redwood household attend the meetings and provide feedback on service delivery.</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>FA</p>	<p>Medications are stored safely in locked treatment rooms and moisture proof locked cabinets in resident room ensuites. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency. All medications are</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>administered from robotic rolls. The registered nurses check the rolls against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were two residents self-administering medications on the days of audit. Self-administration competencies have been completed and processes are in place that align with the policy to demonstrate safe self-administration. No standing orders were in use and no vaccines are kept on site.</p> <p>There are two medication rooms situated on the ground floor (one between two dual-purpose households and one in the dementia household), and two medication rooms on level one for the four dual-purpose households. The service currently only uses one medication room of level one, with other rooms to be used as the resident numbers increase. All the four medication rooms are temperature controlled and staff have completed daily room temperature monitoring for all the medication rooms, as sighted on the records. Weekly fridge temperatures have been completed.</p> <p>Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The general practitioner or nurse practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and progress notes. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required.</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>The kitchen manager oversees food services. They are supported by two chefs and a kitchen hand/cook. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida ‘Eating Well’ requirements. The menu provides options for residents to choose from for lunch time meals. Food preferences and cultural preferences are encompassed into the menu (eg, hangi, fried bread) and the monthly cultural themes. 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. Nutritional snacks are available 24/7 in all households.</p> <p>The menu provides pureed/soft meals as well as gluten free options. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves as appropriate. There is a verified food control plan expiring October 2024.</p> <p>Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are put in temperature controlled hot boxes which are transported to the dining rooms and served by staff from a bain-marie to residents according to the choices the residents have selected. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. All rooms have kitchenette areas with tea and coffee facilities, small fridge, hobs and a microwave for residents and families/whānau to use. Hobs and microwaves in resident rooms can be disabled/locked if required for safety.</p>
--	-----------	--

		<p>Residents provide verbal feedback on the meals through the meetings. Resident preferences are considered with menu reviews. The kitchen manager stated they can provide cultural meals on request. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss or unexpected weight gain. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes, in conjunction with the clinical staff for weight loss as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges and transfers to and from the service. Transfer notes include advance directives, general practitioner and nurse practitioner notes, summary of the care plan, and resident's profile, including next of kin details. Discharge summaries are uploaded to the electronic resident's file. The clinical manager advised a comprehensive handover occurs 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</p>	FA	<p>The building holds a council approved Certificate of Public Use, with a building warrant of fitness due to be issued after the first year (May 2024), as the documents confirm. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance supervisor with years of experience in the industry, a full-time maintenance person and two part time gardeners. There is an electronic app where 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</p>

<p>belonging, independence, interaction, and function.</p>	<p>includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures and ceiling hoists checks. All equipment is still under warranty and all these checks have been completed by an external provider, with official handover to the facility scheduled for May 2024. Hot water temperature monitoring records that have been completed were within acceptable ranges. The preventative maintenance plan comes from Arvida Group support office and is adjusted to meet the facility's needs and this will be fully implemented from May 2024. Essential contractors such as plumbers and electricians are available 24 hours a day as required. All electrical equipment in use was purchased new and resident electrical equipment is checked for compliance. This has been completed as required when residents move into the facility. Annual checking and calibration of medical equipment, hoists and scales is next due in May 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility has been designed in a household configuration in accordance with the 'living well' model of care. The care centre is built across two floors. There are six dual purpose households on level 1 and level 2. In line with the living-well model, a home-like desk is stationed in the lounge area for staff to complete computerised notes, rather than a specific nurse's station. There is a specific nurse's room on level two for private conversations. Each household of eight or nine resident rooms has an open-plan lounge/dining area and kitchen. There are handrails in ensuites. All resident rooms have tracks for ceiling hoists fitted and all communal bathrooms have sensor lights fitted. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout, with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the dual-purpose units for storage of mobility equipment. All resident rooms have large windows or ranch slider doors. Corridors are wide and provide access to all communal areas for residents using mobility equipment.</p> <p>The dementia household (13 beds) is on the ground floor (level one) and has keypad entrance to the household through an electronic</p>
--	--

	<p>walled iPad that allows visitors to talk to staff and gain access to the unit. There are handrails in ensuites. Each resident room has a small kitchenette and spacious ensuite. There is a use of colours in the ensuite, including a different colour toilet seat and sensor lights. All rooms and communal areas allow for safe use of mobility equipment. There is a centrally located spacious open plan lounge and dining area and another large lounge area available for group activities. There is a quiet room at the end of the hallway.</p> <p>The dementia household has carpet throughout, with vinyl surfaces in bathrooms/toilets and kitchen/dining area. There is adequate space in the household for storage of mobility equipment. A nurse's office is contained within a large cupboard off the dining area that can be kept open or closed. The dementia household area has a landscaped outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There are other doors from hallways to the outdoor area which provide a circular path for wandering. The outdoor area includes (but is not limited to) directional paths with raised gardens, shade, and seating.</p> <p>Handwashing facilities have flowing soap and paper towel dispensers built into the cabinetry. Bathroom cabinets in all the rooms include a locked drawer for medications, which is moisture proof.</p> <p>All resident rooms and communal areas have ample natural light and ventilation. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences. The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide and provide access to all communal areas for residents using mobility equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility. The land was blessed by local iwi before building in 2019. The village manager stated that local iwi had a walk-around the new care centre, provided cultural advice prior to occupancy, and had</p>
--	---

		input into the opening ceremony.
<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>	FA	<p>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and 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. There is an approved New Zealand Fire Service evacuation scheme in place (approved 21 March 2023). Six-monthly fire evacuation drill notification documentation was sighted (last completed on 7 March 2024). A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments.</p> <p>Emergency equipment (including an external defibrillator) is available. Short-term backup power for emergency lighting is in place. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies with civil defence supplies (checked monthly), a store of emergency water (bottled) and external tank for three litres per resident per day for seven days (including staff on duty), and four BBQs for alternative cooking. Emergency food supplies sufficient for at least seven days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. The facility can hire mobile emergency generators if there is a power failure.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Sensor mats are used as indicated to alert staff.</p> <p>Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. The dementia unit is secure at all times. The facility doors are</p>

		<p>automatically locked at a predetermined time depending on the season. There is a private security company that completes external checks three to four times overnight. The service utilises security cameras at the main entrance, communal household areas and medication room. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff are easily identifiable.</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. 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>The clinical coordinator (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. There is a facility infection control team. The infection control and antimicrobial stewardship (AMS) 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 programme is reviewed annually by Arvida Group support office and then sent out to all facilities for review before being completed. The infection control coordinator for Lauriston Park has reviewed the data and reported on the 2023 year. There is an infection control steering group with representatives from several facilities and they meet monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, infection control and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board 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. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Arvida support office and the infection control specialist from Health New Zealand- Waikato.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager supports the designated infection control coordinator. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and is booked to attend a training session by Health New Zealand – Waikato infection control nurse specialist. There is good external support from the GP, laboratory, Arvida Group support office and Health New Zealand - Waikato infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE equipment is available as required.</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 and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</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 and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and</p>

		<p>families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The Arvida infection control specialist is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the clinical manager, village manager and Arvida Group. 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.</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 Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the GP to ensure best practice strategies are employed at Arvida Lauriston Park.</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</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</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>discussed at quality, infection control and staff meetings and sent to Arvida Group support office. 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 incorporates this into surveillance methods. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health New Zealand- Waikato for any community concerns. There have been three outbreaks since the previous audit (Covid-19 in September 2023, December 2023, and February 2024) which were managed appropriately. There were ready-made isolation kits and posters available to ensure consistency. Affected residents were isolated, and staff who were in close contact with these residents wore PPE. Residents and staff completed rapid antigen tests (RAT) daily during the Covid-19 outbreaks. Families/whānau were kept informed by phone or email. The care centre remained open; however, visitors were requested to sign in, limit their movements only to and from their relatives' care suite, and wear appropriate PPE where necessary.</p> <p>The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned.'</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and 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. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area, that includes a</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>sanitiser, a stainless steel bench, a sink and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. The laundry has clean and dirty entrances and a defined workflow. Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. Environmental audits are completed and monitored by the infection control team.</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>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, 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 clinical coordinator, 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 since it opened in May 2023.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by Arvida Wellness and Care team. This is achieved using proactive de-escalation strategies. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint</p>

		<p>approval process (should it be required) includes the resident (if competent), general practitioner, 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. The restraint register is maintained and updated two monthly. Restraint programme is discussed as part of the monthly quality meeting.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.