

Metlifecare Retirement Villages Limited - Pinesong

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Pinesong
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 May 2022 End date: 11 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	14

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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
	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
	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

Metlifecare Pinesong (Pinesong) is a care facility near Green Bay, west Auckland, that provides rest home and hospital level care, for up to nine residents. Residents in adjoining apartments may receive rest home care packages.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

Two continuous improvements ratings describe strengths of the service. These include the culture of implementing quality improvement projects within the quality and risk management system and management of residents' meal preferences and experiences.

Improvements are required in relation to the need for a current building warrant of fitness, and for changes in residents' conditions to be appropriately followed through, including having timely access to medical consultations.

Ō tatou motika | Our rights

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

Standards applicable to this service fully attained.

Metlifecare Pinesong is planning how best to work collaboratively to support and encourage a Māori world view of health in service delivery. Plans are in place to enable Māori to be provided with effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

A Pacific person with links back to the wider Pacific community works in this facility. An organisational Pacific plan has been prepared. This is intended to ensure Pacific people are provided with services that recognise their worldviews and are culturally safe.

Residents and their families/whānau are informed of their rights according to the Code of Health and Disability Services Consumer Rights (the Code) and these are upheld. The rights are displayed at both entrances of the facility in English, te reo Māori and New Zealand Sign Language. It is also included in the residents' admission pack. Personal identity, independence, privacy, and dignity are respected. Residents are free from abuse. The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines.

Residents and families/whānau receive information in an easily understood format and feel listened to and included when making decisions about care. There are good systems in place around open communication and open disclosure. Interpreter services are provided as needed. Family/whānau and legal representative are involved in decision making that complies with the law. Advocacy directives are followed when required.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Standards applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. These have been recently reviewed. Service delivery performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential organisation and facility specific risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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There is a person-centred approach to care for residents and family/whānau from the beginning to the end of their journey. An admission pack is provided to the residents and family/whānau on admission with relevant information.

The facility works in partnership with the residents and their family/whānau to assess, plan, implement, and evaluate care. Care plans are resident-directed, based on individual needs. Most of the residents' files reviewed demonstrated that residents are assessed, and appropriate care is provided and evaluated by the registered nurse with input from other members of the team.

Medicines are safely managed and administered by staff who are competent to do so.

The facility has an approved food safety programme. The menu follows a three-monthly cycle, and it is reviewed by the dietician every three months. It is appropriate for aged residential care. Individual residents' needs, including preferences, allergies, modified meals, and cultural needs are identified and met.

Residents and family/whānau commented that they felt safe throughout the process of being transferred to and from the facility where necessary.

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The facility provides a clean, safe environment that meets the needs of residents. A maintenance programme is in place and any required repairs are addressed promptly. There is a current building warrant of fitness on display. Electrical equipment has been tested as required. External areas are accessible and provide shade and seating.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Interviewees understood emergency and security arrangements. Records demonstrated responses to call bells are timely. Security systems are in place.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Standards applicable to this service fully attained.</p>
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The governing body and management staff at Pinesong ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection coordinator is involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Standards applicable to this service fully attained.
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There were no residents using any form of restraint at the time of audit. The service provides a restraint free environment, which is supported by the governing body and policies and procedures. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	25	0	1	1	0	0
Criteria	2	157	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the recently reviewed values. All managers interviewed described ways in which they believe mana motuhake is respected. There are not currently any residents or staff at Metlifecare Pinesong who identify as Māori; however, residents reported that staff respect their rights, and they feel culturally safe, no matter where they come from.</p> <p>A Māori health plan has been developed with input from cultural advisers and is reportedly used for residents who identify as Māori in the wider organisation. An executive team member described planned processes to recruit and retain the Māori workforce as possible, including at Pinesong. At the organisational level, an executive team member is in consultation with one of the directors to ascertain what equity means for Māori within Metlifecare and to develop a plan that will ensure services are Māori centred. The clinical nurse manager has identified local Māori services and organisations; however, personal contact with them has not yet occurred.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Metlifecare has worked in partnership with Pacific communities and organisations to develop a Pacific plan that will support culturally safe

<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>practices for Pacific peoples using the service. This document is still in draft and has yet to be approved by the executive team and the board. There is Pacific representation at executive team level. Regional clinical managers, the nurse manager and the clinical director were satisfied that the wider cultural safety and related policies, alongside the recently developed Pacific Plan, would enable the service to achieve equity and efficient provision of health and disability services for Pacific peoples.</p> <p>There are not currently any residents at Pinesong who identify as a Pacific person. One person from the Pacific works at Metlifecare Pinesong and is comfortable about supporting any Pacific person who may enter the service and enable them to embrace the Pacific worldview, cultural and spiritual beliefs.</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>Staff interviewed understood the Code of Health and Disability Service Consumers' Rights (the Code) and were observed caring for residents in accordance with their wishes, promoting independence and respecting their cultural beliefs, values, protocols, and knowledge.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Service (Advocacy Service) as information was provided in their admission pack. Posters are seen at the entrance of the facility. The Code is also discussed at residents' meetings and was sighted in the minutes of those meetings. Residents said they were fully aware of who they can go to if they were not happy about anything, and the residents and family/whānau were satisfied that their needs were being met.</p> <p>The Code was displayed in English, te reo Māori and New Zealand Sign Language (NZSL) at the entrance/reception area of the facility. There are also brochures on the Code, advocacy, and the complaints process in the reception/entrance. Staff undergo training on consumer rights and the Code during their orientation at the commencement of their employment. There is a policy in place that identifies the need for cultural safety and competency for 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>Pinesong provides care for residents that is inclusive and respects their identity and their experiences. Residents interviewed confirmed they are provided with opportunities to identify any individual spiritual, cultural, or other needs they have on admission, and that they receive services in a manner that has regard for their dignity, privacy, sexual orientation, spirituality, and independence. Pinesong staff believe that the care they provide is resident focused. Medication, breakfast, and cares are provided when the resident wakes up.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents were in rooms that included ensuite bathrooms. There is a curtain at the entrance of the room which can be closed off when the door is open. Staff were observed to knock on residents' doors prior to entry and ask if the door should be left open or closed.</p> <p>Staff members complete cultural competencies as part of mandatory training and RNs have access to the local DHB kaumatua for advice and support on the provision of culturally appropriate services, where necessary.</p> <p>There is a regular resident, family/whānau satisfaction survey which provide opportunities for feedback about residents' experiences, including food and staff training.</p> <p>There were no residents who identified as being Māori or Pasifika at the time of the audit.</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>Staff understood Pinesong's policy on abuse and neglect, including what to do should there be any signs. Residents and family/whanau reported that their property and space were respected.</p> <p>Staff were aware of the requirements established by Metlifecare nationally in relation to expected staff behaviours and conduct. Education covers Te Tiriti o Waitangi and the protection of residents from institutional racism. Professional boundaries are maintained.</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>Residents and family/whanau interviewed confirmed that all communication was open and effective with words including 'timely', 'reassuring' and 'clear' used to describe staff communication. They confirmed that they receive information in a manner that they understood both written and orally. There was evidence of open disclosure. Families/whanau are informed of adverse events affecting their loved ones in a timely manner and were involved in updates on medical reviews.</p> <p>Staff are aware of how to access interpreter services should this be required. At the time of the audit there were no residents requiring an interpreter.</p> <p>Residents' notes reviewed, along with interviews with staff, medical professionals, and residents, demonstrated other agencies involved in residents' care was professional.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents are provided with the information to make informed choices related to their care at Pinesong. They confirmed that they are asked about their preferences for activities, and their input is sought for their initial care plans, and when these are evaluated.</p> <p>Admission agreements are signed on admission, and included informed consent and authorisation for vehicle transportation, photos, information about use of CCTV in communal areas and public areas, and use of residents' information for newsletters. Where residents are unable to sign admission forms, there is a process to allow these to be signed by their enduring power of attorney (EPOA).</p> <p>Decisions about resuscitation are made in conjunction with the resident and their general practitioner (GP). All files reviewed included signed documents identifying the residents' status on resuscitation, and this is reviewed six monthly. EPOA documents were also included and discussed. All files reviewed had an EPOA; none were activated at the time of the audit. Establishing and documenting EPOA requirements for residents unable to consent were understood by the RNs interviewed.</p>

		<p>Staff members interviewed understood the principles of informed consent. Pamphlets giving information on local and national advocacy services are on display with the advocate's name and contact details. Where advance directives are in place, these are respected.</p> <p>Residents confirmed that they received suitable information during COVID-19 lockdowns, if there was an outbreak with residents or staff, and what was expected of them during that time. At the current national COVID-19 setting, family/whānau can visit at any time providing an appointment is made, and they return a negative rapid antigen test (RAT) result. If family/whānau are unable to access these at home, then a RAT will be done on site, prior to visiting.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code and is described within the organisation's policies and procedures. Residents and whānau within Pinesong understood their right to make a complaint and knew how to do so. The clinical nurse manager is responsible for following up complaints and this is usually done in consultation with a regional clinical manager.</p> <p>All information and actions related to a complaint is entered into a file and an electronic complaint register. Documentation sighted showed evidence of related correspondence and those complainants had been informed of findings following investigation. Eight complaints had been formalised since January 2021, two of which have been received in 2022.</p> <p>There have been no complaints received from external sources since the previous audit. With no residents who identify as Māori in this facility, it was not possible to fully assess the level of equity for complaint management. However, the Code, including a person's right to complain is available in te reo, contact details for iwi support are on display in the unit and the nurse manager and two regional nurse managers interviewed informed they would ask other managers</p>

		with appropriate expertise for advice when required. The organisation's Māori health plan advocates for iwi support to ensure the needs of any person who identifies as Māori are met.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting actions that honour Te Tiriti • defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the service • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. A recent review of these has occurred alongside rebranding. • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for Māori and people with disabilities <p>A sample of reports to the board of directors/owners showed adequate information to monitor performance is reported.</p> <p>The clinical nurse director who attends board meetings spoke on behalf of the executive management team and the board itself. According to profiles, verbal reports and associated documents, all board members, the clinical nurse director and the clinical nurse manager of Pinesong are all able to demonstrate knowledge of the sector, regulatory and reporting requirements and are maintaining currency within the field. Discussions have commenced, plans are being developed and systems being put into place to demonstrate</p>

		<p>equity for Māori and for tāngata whaikaha people with disabilities. Ways of ensuring there is meaningful Māori representation at board and executive team level and ensuring these bodies demonstrate expertise in Te Tiriti, health equity, and cultural safety are under development.</p> <p>Metlifecare Pinesong service holds contracts with the district health board to provide hospital and rest home services under the Aged Related Residential Care Agreement, including for respite care, complex medical conditions and palliative care. Pinesong has nine beds within the care facility. On the day of audit eight of these were occupied by people assessed as requiring hospital level care and one rest home level care. Five other residents in rooms in a corridor along from the care facility pay for rest home level care packages. These people reside in apartments under Occupation Right Agreements. No respite care residents were in the facility at the time of audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal and external audit activities, an externally contracted annual resident satisfaction survey, monitoring of key performance indicators and outcomes, policies and procedures and clinical incidents including infections. Residents, whānau and staff contribute to quality improvement occurs through residents' and staff meetings, participation in surveys and completion of forms and involvement in internal audits. Then 2023 residents' satisfaction survey has been completed; however, the results were not available by the time of audit. Results from the 2021 audit were reviewed. These included a list of higher scoring strengths of the services provided at Pinesong and a list of potential areas for improvement. Examples of the latter including food and the need for more direct staff to resident time were discussed and managers described quality improvement initiatives that have since been implemented. Staff surveys are electronic and ongoing with interventions actioned when indicators change.</p> <p>Relevant corrective actions are developed throughout all areas of the quality and risk system and actions are implemented to address any</p>

		<p>identified shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements.</p> <p>The clinical nurse manager and two regional clinical managers described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A comprehensive organisational clinical risk register/risk management plan was viewed, as was a list of similar registers for other organisational risks including development, finance, sustainability, legal, sales and marketing and operations for example. Also, risks associated with non-identification of potential inequities. These are monitored at executive management and board level.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Reports on incidents are escalated further up the organisation with analysis of these at facility level, cluster level and national level.</p> <p>The clinical nurse manager understood essential notification reporting requirements. There have been no police investigations, coroner's inquests, issues-based audits or any other essential notifications required over the past 12 months.</p> <p>There are not currently any staff or residents at Pinesong who identify as Māori. In addition to the organisational Māori health plan and efforts being made at the executive level to ensure health care and support workers can deliver high quality health care, the clinical manager has identified local Māori organisations and iwi representatives who could provide additional support for any new person who identifies as Māori. Contact details are displayed within the facility. Key words are displayed in te reo and a regional clinical manager explained how appropriate staff in other facilities could assist</p>
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		<p>in ensuring the potentially unmet needs of any Māori person could be met.</p> <p>Critical analyses of organisational practices are consistently occurring and although the service provider has yet to clarify its directions in relation to specific aspects of health equity, there were examples of quality improvement that are addressing the issue. Examples include the development of a Pacific health plan and the development of a human resource database that more specifically looks at the Māori and Pacific workforce.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The nurse manager described how the facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported that although they get busy, especially with the impact of Covid-19 on staff and their whānau, there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this, although also noted the large number of agency staff being used since Covid-19 arrived in the country, as did the GP. Four weeks of rosters were reviewed alongside the nurse manager and there was no evidence to suggest staffing levels were unsafe with shifts being filled according to the safe staffing formula. Every effort is made to access the same agency staff and to ensure a staff person familiar with the residents is on duty.</p> <p>All staff, except one new caregiver, has a current first aid certificate, therefore at least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse cover in the hospital.</p> <p>Continuing education is planned on an annual basis, includes mandatory training requirements and accounts for expected timeframes of training updates. Related competencies are assessed and support equitable service delivery. To meet the requirements of the provider's agreement with the district health board, most care staff have either completed or commenced a New Zealand Qualification Authority education programme. Those who choose not to are</p>

		<p>overseen by the nurse manager to complete hard copy workbooks or on-line exercises on relevant topics. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The people's team/human resources and the executive management team are collecting and sharing a range of health information, including for Māori and other cultures. A database has been developed for this purpose.</p> <p>Staff interviewed stated the nurse manager has an open-door policy and verified that managers provide support for their wellbeing in a range of diverse ways. They reported feeling well supported and safe in the workplace. Many staff have provided long service within this facility.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Copies of relevant documentation, including signed contracts and position descriptions are on file. Annual practising certificates for health professionals involved in residents' care are current. A comprehensive staff orientation programme for new staff is in place with each stage signed off on completion. Records sighted confirmed staff performance is reviewed and discussed at the end of orientation and annually thereafter.</p> <p>Staff records are held in a confidential manner. Ethnicity data is now being recorded by the people's team/human resource office in line with health information standards.</p> <p>The nurse manager described ways in which staff welfare is given support and consideration, including after various incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>authorised users.</p> <p>The necessary demographic, personal, clinical and health information was fully completed in the residents' files reviewed and aligned with the facility policy. The facility uses an electronic resident record system, and the clinical notes were current, integrated, and legible and met current documentation standards. Residents' files are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit.</p> <p>The facility is not responsible for the National Health Index registration of people receiving services.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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 care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASSC) Service. Family/whanau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori.</p> <p>RNs interviewed are familiar with the process for entry and admission. Admission agreements are signed on admission and an admission pack is given which includes a pamphlet on the Code, information about how to make a complaint or compliment, and general</p>

communicated to the person and whānau.		information about the facility.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	Moderate	<p>The multi-disciplinary team works in partnership with the resident and family/whanau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes residents and family/whānau input (where necessary). Timeframes for the initial assessment, medical assessment, initial care plan, long term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. Long term care plans, short term care plans and interRAI assessments/evaluations were completed by the RNs in a timely manner. Evaluations sighted were individualised and indicated the residents' degree of response to the interventions and progress towards achieving planned outcomes.</p> <p>Charts reviewed showed that management of any specific medical conditions were all documented with evidence of systemic monitoring and regular evaluation of responses to planned care. Residents and family/whānau confirmed active involvement in the review processes.</p> <p>There were two examples of insufficient information to support changes in residents' conditions, limited follow-up of such changes and there was limited evidence to demonstrate medical consultation was accessed or followed up in a timely manner.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to</p>	FA	<p>The activities coordinator (AC) provides an activities programme that supports residents to maintain and develop their interest and was suitable for their ages and stages of life. Prior to the COVID-19 restrictions, the AC relied on the support of volunteers; however, there is no community involvement at resent due to the current COVID-19 setting.</p> <p>Activity assessments and plans identify individual interests and</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>consider the person's identity. The AC works Monday to Friday with the carers filling in with planned one on one activities on the weekends. There are individual activities which reflect residents' goals and interest, and ordinary pattern of life. All residents are encouraged to participate in activities to recognise other cultures with opportunities for Māori and family/whānau.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme and this is done every six months. Those interviewed confirmed that although there are restrictions due to COVID-19, the programme still meets their needs. Regular outings/drives have recently resumed, and it is reported that residents get great benefit from going on these trips.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Pinesong has a safe electronic medication management system observed on the first day of the audit. The policy for medication management was current and included all aspects of medicine management in line with the Medicines Care Guide for Aged Residential Care and meets legislative requirements. There is an annual competency programme which ensure all staff involved in medication administration are competent to do so. Medication administration competency forms were sighted.</p> <p>The senior carer who has medication competency was observed administering medicines. They displayed good medicines knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. The senior carer had a list of residents' names and times they woke up so was able to monitor the right time for administering regular and pro re nata (PRN) medication. This is in line with the Pinesong policy which supports resident focused care. Each staff has an individualised logon and password to access the electronic system.</p> <p>Medicines were stored in a locked medication trolley inside the medication room. Other medications were stored in cupboards in the medication room. The temperature of the medication room and medicine fridge were monitored, with temperatures within the</p>

		<p>recommended ranges. Standing orders are not used by the service.</p> <p>Controlled medications were stored securely following requirements and were checked by two staff members for accuracy during the administration process. There was evidence in the controlled drug register that stock checks are carried out weekly by two RNs and six-monthly by the pharmacist and RN. All entries were accurate.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>The GP completed three-monthly medication reviews consistently as verified on the electronic medication charts reviewed. Evaluation of (PRN) medicines administered were completed consistently. Dates were recorded on the commencement and discontinuation of medicines.</p> <p>There were no residents self-medicating at the time of the audit. There was evidence of appropriate processes to support this process where necessary.</p> <p>Residents, including Māori residents and their family/whānau, are supported to understand their medications and have access to traditional medicines if this is requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for aged residential care. The menu has been reviewed by a qualified dietician within the last two years. Recommendations made at that time have been implemented. Food preferences for Māori are addressed as required.</p> <p>The kitchen is managed by a kitchen manager who is a trained chef and six staff members who are on full and part time contracts. The kitchen manager works from Monday to Friday from 8 am to 5.30 pm each day.</p> <p>The kitchen service complies with current food safety legislation and</p>

		<p>guidelines. There is an approved food control plan for the service which expires 28th April 2023. Meals are prepared on the ground floor and transported to the dining room and residents' rooms via a food hot box. The menu was reviewed by a registered dietician on 7 March 2022 and is run on a three-monthly cycle to coincide with the three-monthly dietician reviews. There is a choice from two meals for lunch with a lighter meal at dinner time.</p> <p>A continuous improvement rating has been allocated for the management of meal services as menu development now incorporates all individual food preferences, dietary needs and cultural preferences. Dietary profiles are developed on admission and include the residents' dietary requirements, likes and dislikes. Diets are modified as required and the cook demonstrated understanding of these. The kitchen manager confirmed that there are snacks available 24 hours a day, seven days a week. There is always enough food should residents want more.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken on a documented schedule and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records or use by dates recorded on the containers and no items were expired. Thermometer calibrations were completed. Records of temperature monitoring of food, fridges and freezers are maintained and documented.</p> <p>The residents and family/whanau interviewed indicated satisfaction with the food service.</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,</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whanau. Family/whanau reported being kept well informed during the transfer of their relative. Access to Māori support services is arranged if required.</p>

<p>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>		
<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 can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. At the time of audit, the auditors were provided with an email to inform that the Building Warrant of Fitness with an expiry date of 1 May 2022 had been extended until 22 May 2022. A copy of the new warrant of fitness (expiry date May 2023) was supplied shortly after the audit and prior to the extension date.</p> <p>Electrical equipment is tested and tagged, and medical equipment checked for safety on an annual basis. Hot water checks are completed regularly, and a preventative maintenance programme is implemented according to a documented checklist. An effective system to address repairs is being implemented.</p> <p>The environment is comfortable and accessible, promotes independence and enables safe mobility. Personalised equipment is available for residents with specific needs. Spaces were culturally inclusive, provide people with options for privacy or socialisation and suit the needs of the resident groups. Accessible ensuites are beside each resident's room and other toilet facilities are available throughout the facility.</p> <p>Residents and whānau expressed satisfaction with the environment, including heating and ventilation, privacy and maintenance. Heating and ventilation are adjustable for each room. There are no current plans to change the buildings of the Pinesong care facility; however, managers interviewed expressed an awareness of the standard that requires consultation and co-design of environments, to ensure that they reflect the aspirations and identity of Māori when designing new buildings. Residents' meeting minutes included evidence that</p>

		residents are consulted on any planned changes within the facility.
<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>Disaster and civil defence plans and related policies direct the facility in their preparation for disasters. These also describe the procedures to be followed. Staff have been trained in emergency management and confirmed they were familiar with such procedures. The fire evacuation plan has been approved by the New Zealand Fire Service, 10 January 2022. This was updated following the addition of two lounges, which required changes to the evacuation plan.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Suitable arrangements are in place for the services to manage in the event of main supplies failing. All staff except one new caregiver have a current first aid certificate and have the skills to provide emergency treatment.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whanau were uncertain about whether staff respond promptly to call bells; however, electronic records of response times were overall satisfactory.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and have been approved by the executive management team who reports on them to the governing body. Infection prevention and control is strongly linked to the quality improvement system and monthly and annual IP and AMS reports are completed. Expertise and advice are sought as required according to clearly defined processes.</p> <p>A documented pathway enables reporting of progress, issues, potential related risks and significant events from Pinesong through regional and operational levels and the clinical nurse director in the executive team and ultimately the governance board.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. This is supplemented by a specific plan for the management of Covid-19. There are sufficient resources and</p>

		personal protective equipment (PPE) available, and records sighted confirmed staff have been trained accordingly.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The role of the IPC coordinator is undertaken by a senior RN who leads a committee of staff, one from each discipline (RN, caregivers, activities, domestic services, and kitchen staff). The IPC coordinator has access to external specialist advice from GPs and the DHB infection specialist as well as the MLC support office as needed. A documented role description for the IPC coordinator, including roles and responsibilities, is kept in the senior RN's personal file.</p> <p>Staff are made aware of current acute infections during daily handovers between each shift, in the progress notes and in staff meetings. There are processes in place to isolate infectious residents as required. Single use items are used for procedures and no equipment is sterilised onsite.</p> <p>MLC Pinesong provides relevant training. There were adequate supplies of personal protective equipment (PPE) and hand sanitiser dispensers throughout the facility. Hand washing audits were completed. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>There is a pandemic outbreak plan available. Information and resources to support staff with managing COVID-19 were regularly updated and followed the MOH and DHB guidelines. Visitors are screened prior to visiting and must produce a negative rapid antigen test (RAT) prior to entering the care facility, staff must also present a negative RAT test prior to each shift. The staff at MLC Pinesong have managed the pandemic situation well.</p> <p>There are no plans in place to extend the service on the site which would require input from the IPC coordinator.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	FA	<p>The antimicrobial stewardship programme uses national guidelines from MLC that have been approved by the governing body and developed using appropriate expertise. They are personalised to, and</p>

<p>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>		<p>appropriate for use in the MLC Pinesong facility.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. It is relevant for the residents being cared for at MLC Pinesong. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. The data is benchmarked with other MLC facilities and with other external 'like' organisations.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for facility equipment indicates frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from residents through the satisfaction survey and internal audit process.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms which are locked when not in use.</p> <p>Laundry is done onsite by the night staff and is monitored for effectiveness. Staff involved have completed relevant training and</p>

		<p>were observed to carry out duties safely.</p> <p>The IPC coordinator is part of the clinical management team and works closely with the NM to oversee the testing, auditing, and monitoring of the facility and feedback findings to the staff and regional managers.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>At the time of audit there were no restraints in use at this facility. Pinesong has maintained a restraint free environment since October 2017, which is consistent with the philosophy of the organisation for all Metlifecare aged care facilities. The governance group demonstrates commitment to this.</p> <p>Policies and procedures meet the requirements of the standards. A senior registered nurse is the restraint coordinator at Pinesong and provides support and oversight for managing any challenging behaviours, as per related policies and procedures. All staff training and competencies in least restrictive practices, alternative cultural-specific interventions, and de-escalation techniques were current.</p> <p>Metlifecare's clinical nurse director takes a leadership role in advocating for restraint free environments. Pinesong's restraint coordinator is supported by Metlifecare managers and colleagues to maintain a restraint free environment. There are clear lines of accountability for managing challenging behaviours or residents' restlessness and restraint management is a topic for reporting through each level of the organisation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	Not audited	Not audited

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>Not audited</p>	<p>Not audited</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 standard by looking at the code. For example, a Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the</p>	PA Moderate	<p>One of the files reviewed showed a lack of nursing evidence to support acute deterioration of the resident. There was four days between the identification of an acute event until the GP reviewed the resident. During the audit, on reviewing the resident, the GP found that this resident had an infection. There was no indication in the progress notes to support monitoring of the infection, no clinical observations taken to support monitoring of the resident, no documented evidence to support handover of any kind that focused on this infection and no short-term care plan was triggered.</p> <p>Some months ago, the file of another resident showed the person had been</p>	<p>There were examples of insufficient information recorded in service delivery plans to support changes in residents’ conditions and there was limited evidence to demonstrate medical consultation was accessed or followed up in a timely manner.</p>	<p>Residents’ care plans are updated, and appropriate interventions implemented where there is a change in a person’s condition, or progress is different to that expected. Medical attention is sought in a timely manner when there is a notable change in a person’s condition</p> <p>90 days</p>

<p>ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>found to have a temperature. There was no information in relation to specific blood test results subsequently requested by the doctor, there was no evidence the temperature had been monitored and no evidence in the file that staff had received any handover about the blood tests or the infection.</p> <p>When interviewed, the GP shared recent concerns about the lack of timely referral of residents who are acutely unwell. The GP praised the nurse manager and the senior RN but believed there were too many agency staff in the absence of permanent staff. The GP said there is an acute shortage of nurses, especially on the weekends. The GP said they are certain that with the new senior RN, these problems will resolve themselves with their support and guidance.</p>		
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>A building warrant of fitness was on display; however, this was overdue for renewal. The facility had been in contact with relevant authorities prior to the audit regarding the building warrant of fitness for Metlifecare Pinesong having expired. An email providing an extension to 22 May 2022 was sighted; however, email information from the authorising body following the audit suggested this is not going to happen immediately. A corrective action has been raised to ensure the requirement is met.</p>	<p>The building warrant of fitness on display is out of date.</p>	<p>A current building warrant of fitness is on display.</p> <p>30 days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>The 2021 resident and surveys identified only 58% of respondents believed their personal likes and dislikes were considered. Further resident feedback was sought, and a project implemented, which resulted in residents no longer being pressured to fit into nursing and care schedules. Residents wake when they choose, receive their medication and breakfast at the times that suits them and they follow a routine, such as for personal hygiene, in timeframes that suit each person. Evaluation measures have included reviews of medication administration timeframes, and feedback from staff, individual residents and family members. These measures show individual patterns are occurring, very positive feedback about the advantages, and informal feedback about residents being more alert during the day, since its implementation.</p>	<p>Morning routines within this facility are now resident driven, additional one on one activities and a resident-to-resident buddy programme are occurring, and an additional afternoon shift has been instituted in response to residents’ concerns about staff availability. These are three specific examples of actions taken to improve outcomes for residents. Each has been evaluated to ascertain its level of effectiveness. The processes used demonstrate a culture of continuous quality improvement underpins the quality and risk management system within this service.</p>

		<p>Despite a 100% satisfaction resident survey result regarding activities, it was proposed that due to the small size of the facility all residents could benefit from more one on one time for personal likes and dislikes. These activities were planned according to information from interRAI, activities assessments and residents' meetings. A resident-to-resident buddy programme was developed, van outings increased and one on one time for personal interests with the activities coordinator were implemented. Records are showing these changes are being maintained. There is reported evidence of increased group socialisation occurring and informal positive feedback provided, especially regarding the buddying programme.</p> <p>A second initiative arose from only 58% of residents in the 2021 survey believing staff are available when needed. Further investigation identified afternoon shifts were the biggest concern. The clinical nurse manager wrote up a business case, which was submitted to the operations team. An additional shift from 4.30pm to 9pm was subsequently instituted. Evaluation and review records showed that call bell responses beyond seven minutes reduced from 11.27% to 2.8% in six months. Staff survey results showed increased satisfaction in their job from this change.</p> <p>Staff are looking forward to 2022 survey results to verify the perceived results to date. These initiatives are examples of actions taken to improve outcomes for residents.</p>	
<p>Criterion 3.5.1 Menu development that considers food preferences, dietary needs, intolerances,</p>	CI	<p>The 2021 residents' survey reported only a 50 percent satisfaction rate around meal services. This was identified as an opportunity for improvement and a quality improvement initiative was developed. A staff member accepted the role of food and dining</p>	<p>Menu development that considers food preferences, dietary needs and cultural preferences are being implemented in a manner that demonstrates continuous improvement. An action plan was developed to address survey</p>

<p>allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>		<p>champion and lead the project. An action plan was developed and evaluative measures noted. Meetings with residents specifically about the meals were held, the kitchen manager was involved and initially daily feedback from residents was obtained and documented. The kitchen moved to weekly meal ordering to ensure residents' meal preferences, including for cultural reasons, were captured. Weekly, then fortnightly meetings between the kitchen manager, nurse manager, village manager and food and dining champion to review menu variations against resident preferences occurred.</p> <p>Evaluation and review processes showed that daily feedback processes meant changes could be made faster with an example being the amount of salt in the soup. They also showed progressive improvements in residents' overall experience. Over time, records showed less food was returned on residents' plates. Personal and dietary preferences became well known in advance and were acknowledged in the menu development processes. Alterations have been made within the dietitian's recommendations. Formal verbal and written feedback processes from residents changed from daily to weekly and is now a discussion point at monthly residents' meetings (sighted). Verbal feedback from residents, staff and management in relation to this project on meal services were all positive and managers expressed an element of anticipation for the results of the food section of the 2022 residents' satisfaction survey.</p>	<p>results that showed significant dissatisfaction around meal services. Since its implementation, evaluative measures and ongoing feedback processes have progressively shown higher levels of satisfaction with the meal service, less food waste and evidence that the kitchen staff are increasingly aware of personal food preferences.</p>
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End of the report.