

# Metlifecare Limited - Metlifecare Palmerston North

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## 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:

<b>Legal entity:</b>	Metlifecare Limited
<b>Premises audited:</b>	Metlifecare Palmerston North
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 10 May 2022    End date: 11 May 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	37

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six 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 Palmerston North provides rest home and hospital level services for up to 55 residents: 38 in the main facility and 17 in serviced apartments.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whānau, members of the governance group, regional and local managers, staff, a contracted allied health provider (physiotherapist) and a general practitioner.

A strength of the service, resulting in a continuous improvement rating, relates to an initiative to reduce polypharmacy.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Metlifecare Palmerston North provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori,

Pacific peoples, and other ethnicities. Metlifecare Palmerston North works collaboratively with internal and external Māori and Pasifika supports to encourage a Māori/Pasifika world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. This was confirmed by Māori staff interviewed.

Residents receive services that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

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.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. The Board of Metlifecare are currently working on supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. 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/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends leading to improvement. Actual and potential 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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A person-centred and family/whānau-centred approach is adopted when people enter Metlifecare Palmerston North. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are resident-directed and individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transitioned or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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.

Subsections applicable to this service fully attained.

Metlifecare as an organisation ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection prevention and control resource nurse leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisations clinical governance team have approved the infection control and pandemic plan. 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 cleaning and laundry services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative intervention.

## 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	1	158	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>Metlifecare Palmerston North (MLC PN) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake is respected. Residents and family/whānau interviewed reported that staff respected their right to self-determination, and residents identifying as Māori reported feeling culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and this is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. There were no residents who identified as Māori in the facility during the audit.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level.</p> <p>The service has links with a Māori health support through the DHB</p>

		and other tangata and (local) mana whenua organisations.
<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>	FA	<p>MLC PN identifies and works in partnership with Pacific communities. There is a draft Pacific Health Plan to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There is support for Pasifika residents via several local Pasifika organisations.</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There are seven staff who are of Pasifika descent who are currently employed; the nurse manager (NM), five caregivers, and one kitchen staff member.</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>	FA	<p>Staff interviewed at MLC PN understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, te reo Māori and in New Zealand sign language (NZSL) in several areas around the facility. MLC PN has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Māori Health unit at Midcentral District Health Board (MDHB), and other local Māori and Pasifika health providers. Phone numbers for these services are displayed on the residents notice board.</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>MLC PN supports residents in a manner that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training is sighted (June 2021). Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</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>Employment practices at Metlifecare include police vetting. Policies and procedures outline safeguards in place to protect people from abuse, and workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic Te Whare Tapa Whā model of health at Metlifecare is promoted, that encompasses an individualised approach that ensures best outcomes for all.</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</p>	<p>FA</p>	<p>Residents and family/whānau at MLC PN reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format in English, te reo Māori and in NZSL. Te reo Māori was incorporated in signage around the facility.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p>

<p>them about their choices.</p>		<p>Staff knew how to access interpreter services, if required.</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 at MLC PN and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</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 of Residents Rights. Residents and family/whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There has been one complaint received from an external source, via the Health and Disability Commissioner (HDC), since the last certification audit (received 25 March 2021). The complaint related to the use of a room with no external window (light comes from a skylight just outside the room). The complaint was not taken further by the HDC and was closed with no action required.</p> <p>Other than the above, there have been two complaints in the last 12 months; the first related to a person not being permitted to visit due to vaccination status during the total lockdown for COVID-19, and the second to the availability of WiFi access. The complaints were managed as per the organisation's complaints procedure, an</p>

		explanation given, and the issue resolved with the complainant.
<p><b>Subsection 2.1: Governance</b></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. While MLC PN is a joint venture with a local iwi Trust, it does not have meaningful Māori representation at Metlifecare Board level, nor has equity for Māori, Pacific peoples, and tāngata whaikaha been fully addressed. The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified village manager to manage the service with the support of a nurse manager who is responsible for clinical services. External support for te ao Māori and Pacific peoples is available in through the MDHB, the wider MLC organisation, and from staff. This is supported by a health plan to include specificities aligned with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds.</p> <p>MLC board minutes sighted demonstrate leadership and commitment to quality and risk management. A sample of functional reports to the MLC board of directors showed adequate information to monitor performance is reported.</p> <p>The village and nurse manager have both been employed within aged care for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements. Both maintain currency within the field.</p> <p>The management team works with staff to meet the requirements of relevant standards and legislation. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other</p>

		<p>aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample reports showed adequate information to monitor performance is reported. The MLC PN management team also evaluates services through meetings with residents and their family/whānau (though these have been disrupted due to the COVID-19 pandemic), and through surveys from residents and families/whānau making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>The service holds contracts with MDHB for the provision of rest home and hospital level services and provides rest home services into serviced apartments, bought under a license to occupy (LTO). There is also contract for chronic health conditions-long term chronic health. Thirty-seven (37) residents were receiving services at the time of audit, 14 receiving rest home services (this includes five residents receiving services in the LTO units) and 23 receiving hospital level services.</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 the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Residents, whānau and staff contribute to quality improvement through being given feedback at staff meetings on quality data, complaints, internal audit activities, and resident and family/whānau feedback. Outcomes from the last resident and family/whānau satisfaction surveys (2022) were primarily favourable with corrective actions raised where deficits in service were identified.</p> <p>Head of department, health and safety, kitchen, clinical staff, registered nurses, restraint, and staff meetings ensure that quality</p>

		<p>data is communicated, discussed and that issues are acted upon. Corrective action plans are documented following each, detailing actions to be taken and signed off by the village manager (VM) or NM once completed (dependent on the specific issue).</p> <p>The regional clinical managers (RCM) and NM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</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. The NM understood and has complied with essential notification reporting requirements. There have been four section 31 notifications completed in the last 12 months. Three of these related to pressure injuries and one to the delivery of hospital level care in a rest home bed. All have been acknowledged by the MoH with a dispensation given regarding the hospital level care resident (since deceased).</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 facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the facility.</p> <p>Staffing for the facility comprises of RN cover over seven days per week. There is one RN on morning shift, supported by a senior RN and the NM Monday to Friday and on-call. Afternoon shifts have one RN rostered and there is one RN on night shift; all shifts are eight-</p>

		<p>hours. The RNs are supported by caregivers, six in the morning (two eight-hour shifts two six and a half, and two five six-hours), five in the afternoon (two eight-hour shifts, one six and a half, and two four-hours) and two on night shift (eight-hour shifts). The service also employs a diversional therapist (DT) who covers Monday to Friday (for eight-hours). Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week. Support staff also includes a receptionist, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. Continuing education is planned on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Related competencies are assessed and support equitable service delivery. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that include</p>

<p>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>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of eight staff records were reviewed (one NM, one senior RN, one RN, two caregivers, one domestic, one kitchen, and one from the maintenance team) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. In policy, staff performance is to be reviewed after three months and then annually; this is consistently taking place.</p> <p>Staff information is secure and accessible only to those authorised to use it. The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance) dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the general practitioner (GP), physiotherapist, and pharmacists).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>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 authorised users.</p> <p>Residents' records are uniquely identifiable and 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. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. Files are</p>

		held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter MLC PN when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care MLC PN provides. Seven family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. There were no residents in MLC PN at the time of audit who identified as Māori or Pasifika.</p> <p>Files reviewed met contractual requirements. MLC PN carries out routine analysis of entry and decline rates. This, up to the time of audit, had not included specific data for entry and decline rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>MLC PN has developed meaningful partnerships with the local Māori health provider and the Māori health unit at Midcentral District Health Board (MDHB), to benefit Māori individuals and whānau. MLC PN in Palmerston North is also 50% owned by a local iwi trust, and partners with them in several areas.</p> <p>When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to MLC PN, several residents use other providers.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	FA	<p>The multidisciplinary team at MLC PN works in partnership with the resident and family/whānau to support the resident's wellbeing. Eight residents' files were reviewed. Six of these were hospital files, and two of these were files of rest home residents. Files reviewed included a resident who identified from a different culture, a resident who displayed a behaviour that challenged, a resident with a pressure injury, and a resident receiving care in an apartment, occupied under an LTO agreement.</p>

<p>whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>Files reviewed verified a care plan is developed by an RN 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 resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the nurse practitioner (NP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</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 maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) at Metlifecare Palmerston North provide an activities programme five days a week and supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Prior to COVID-19 restrictions being in place, several community groups including the local school, kindergartens and college Kapa Haka groups visited MLC PN, and there were weekly outings to places of interest and events. This has not occurred during the COVID-19 restrictions. Van outings only involve drives around the area. Under 12-year-olds are not permitted to visit at this time. All visitors entering the facility require to be vaccinated and have a negative rapid antigen test (RAT). Residents are discouraged to go out to events that involves mixing with groups, and if attending a significant event are isolated for seven days on</p>

		<p>return, RAT tested daily and monitored.</p> <p>Residents' meetings occur every six weeks (COVID-19 restrictions permitting) and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are generally satisfied.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. An initiative aimed at reducing the number of medicines a resident is prescribed and minimise the opportunity of interactions and side effects has resulted in a decrease in polypharmacy without compromising residents' wellbeing. This is identified as an area of continuous improvement.</p> <p>The required three-monthly nurse practitioner (NP) review was consistently recorded on the medicine chart. Standing orders are not used at MLC PN.</p> <p>Self-administration of medication is facilitated and managed safely, however there were no residents self-administering medicines at the</p>

		<p>time of audit.</p> <p>Residents are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 provided at MLC PN is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 7 March 2022. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 11 May 2022 (day two of audit). No areas requiring corrective action were identified, and the plan was verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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</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/whānau. The facility uses the pink MDHB envelope/checklist to ensure the information provided is in line with what is required. The resident and family/whānau interviewed reported being kept well informed during the transfer of their relative,</p>

<p>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>		<p>as was evidenced on the day of audit with a transfer being organised.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</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. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, and all were in range. There is a process in place to identify deficits and managed remediation. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 31 August 2022. There are currently no plans for further building projects requiring consultation.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups and have lounge facilities with shared dining areas. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms have ensuite toilet and handwash facilities and there are sufficient showers situated in the facility to maintain residents' hygiene. One room is fully ensuite with a toilet, handbasin, and shower. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are of differing size but all allowed space for the use</p>

		<p>of mobility aids and/or moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms, except for three, have external windows which can be opened for ventilation; safety catches are in place. Where rooms do not have external windows, light is supplied through glazed windows in the roof just outside of the rooms. Gas underfloor heating is in place with heat pumps for heating and cooling in communal areas, the laundry and kitchen. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service (2 May 2007) and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, most recently on 26 April 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</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</p>	FA	<p>The governance body has identified infection control (IC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflect the reporting on IC and AMS information. They provide</p>

<p>appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>information on planned IC and AMS programmes (e.g., COVID-19) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at MLC PN are appropriate to the size and complexity of the service, have been approved by the organisation’s board and clinical director (CD), are linked to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process, most notably from regional public health and the MDHB. A documented pathway supports reporting of progress, issues, and significant events to the MDHB, CD and where required, to the regional public health authority.</p> <p>Key performance indicators for IP and AMS are monitored, and expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>All visitors and staff entering MLC PN, are temperature checked, sign a declaration declaring no recent contact or symptoms of COVID-19 and undergo RAT testing. There is no entry to children under twelve. All visitors wear masks, with staff wearing masks and visors.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>The infection prevention and control resource nurse (IPCRN) is responsible for overseeing and implementing the IP programme with reporting lines to the NM and VM. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN has appropriate skills, knowledge</p>

<p>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>and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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>Metlifecare as an organisation is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is a recently introduced AMS programme in place and the effectiveness of the AMS programme will be evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food mealtimes and other medications optimised, they are administered at the right times and the right intervals, and the prescribed course is provided. Antibiotic use will be externally benchmarked.</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</p>	FA	<p>Surveillance of health care-associated infections is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. MLC PN uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and at governance and clinical governance level. Surveillance data will, in the future, include ethnicity data. Culturally clear processes are in place to communicate</p>

<p>with an equity focus.</p>		<p>with residents and their family/whānau, and these are documented.</p> <p>There has been one episode of a respiratory infection in October 2021. Three residents had chest infections and were placed in isolation. The infection was negative for respiratory syncytial virus (RSV), Influenza and COVID-19. The Regional Public Health Unit (RPH) and the MDHB were informed of the outbreak.</p> <p>There have been no residents at MLC PN that have had COVID-19.</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>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at MLC PN. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</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</p>	<p>FA</p>	<p>MLC PN is a restraint free environment. Restraint has not been used in the facility since 2019. The regional clinical manager (RCM) and NM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and</p>

<p>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>therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role undertaken by the NM who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation. There are no residents using enablers during the audit.</p> <p>The restraint coordinator (NM), in consultation with the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future and there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since 2017, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	CI	<p>An initiative was commenced in July 2018 to reduce the number of medications each resident at MLC PN was prescribed. At that time eight residents were prescribed more than nine medications, 12 were receiving eight medications and 17 were receiving seven. The situation was compounded by there being 16 GPs visiting the residents at MLC PN. The initiative involved finding one medical provider who could provide medical services to the facility. This was put in place, and gradually residents transferred over. Families/whānau were supportive of the process and the aim to reduce medications.</p> <p>In August 2019 the NP did a comprehensive review of all the residents' medications, with a pharmacist and the senior RN at MLC PN. The national benchmarking data for the national benchmarking group of which Metlifecare as a member shows 135 residents were prescribed greater than nine medications in the second quarter of 2019. In the first quarter of 2022, there are 61 residents nationwide on greater than nine medications.</p>	<p>An initiative to reduce the number of medications a resident is prescribed to minimise the potential for interactions and side effects, has resulted in a decrease in the number of prescribed medications, whilst not compromising residents' wellbeing.</p>

		At MLC PN, the NP visits weekly and as part of the three-monthly medication review considers polypharmacy. At the March 2022 medication audit only three residents were on more than nine medications. There have been no more than three residents on nine medications since October 2021.	
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End of the report.