

Metlifecare Retirement Villages Limited - Wilson Carlile Village

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:	Wilson Carlile Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 December 2022 End date: 8 December 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:	55

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 Retirement Villages Limited – Wilson Carlile is one of a group of six care homes purchased from the Selwyn Foundation. The transfer of management took place in July 2022. The facility provides rest home and hospital level services for up to 59 residents.

This certification audit included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, family/whānau, the governance group, regional and local managers, staff, contracted allied health providers (a general practitioner and a nurse practitioner) and independent support people (an independent advocate and a chaplain).

The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. The service has transitioned to a new electronic resident record management system. The onsite management team is unchanged except for the appointment of a new village and care manager. Metlifecare policies and procedures and clinical care processes are being implemented.

Strengths of the service, resulting in a continuous improvement rating, relate to the facility’s cultural responsiveness to Māori, enabling them to flourish and thrive in an environment that enables good health and wellbeing. No areas requiring improvement were noted.

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.		All subsections applicable to this service fully attained with some subsections exceeded.
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Wilson Carlile provides an environment that supports residents' rights and culturally safe care.

Staff demonstrated an understanding of residents' rights and obligations. There are health plans, policies and processes that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. The service works collaboratively with Māori and Pasifika family/whānau to encourage a Māori/Pasifika world view of health in service delivery. Metlifecare has policies and processes in place to provide Māori with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. This was confirmed by staff interviewed.

Wilson Carlile provides residents with services that respects their dignity, privacy, and independence. Services and support are provided in a way that is inclusive and respects peoples identity and experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau 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 are provided with 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.

Procedures are in place to resolve complaints 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.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pasifika, and people with disabilities.

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 and identifying trends to make improvements. 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 and 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.

When residents are admitted to Wilson Carlile an individualised and family/whānau-centred approach is adopted. 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 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.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical and biomedical 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 and these are displayed throughout the facility. 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.
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The Metlifecare clinical governance team and the senior care team at Wilson Carlile ensure 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 control resource nurse (ICRN) 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 Metlifecare 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. Family/whānau interviewed confirmed appropriate and timely communication with respect to infection is occurring.

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.
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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, 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 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	27	0	0	0	0	0
Criteria	1	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Metlifecare Wilson Carlile (Wilson Carlile) 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 continuous improvement rating has been awarded relating to the service particularly valuing engagement with its Māori residents and staff. The engagement is built on trust, authenticity, reciprocity, transparency, and a willingness to share and learn from each other (refer criterion 1.1.1).</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be 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.</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. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through tangata whenua organisations including Raukura Hauora O Tainui, Te Kohao Health, Haouro Waikato, Te Runanga o Kirikiriroa, and Te Awhi Whānau and mana whenua Tainui Ngati Hure Putararu.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Metlifecare (MLC) identifies and works in partnership with Pacific communities at facility, executive and board level. There is a Pacific Health Plan in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has Pasifika specific plans for managing care so that their needs can be adequately met. There are two models available for in use at the facility, the Fonafale model and the Te Vaka Atafaga model. Residents and their family/whānau can choose the model that most represents the care they wish to receive. There is support for Pasifika residents via staff who identify with differing Pacific peoples and through local Pasifika support services.</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. There is a Pasifika non-executive Board member on the MLC Board to advise the Board on matters pertaining to Pasifika.</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 were staff who identify as Pasifika in the organisation, some of whom are in leadership and/or training positions.</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 working at Wilson Carlile (WC) when interviewed were able to clearly identify they understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of WC 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 sign language in several locations around the building.</p> <p>WC has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Te Whatu Ora Waikato, and a wide range of Māori Health providers. WC recognises Māori mana motuhake</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>Wilson Carlile supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/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 understood 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 was sighted. 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>The cultural advisor is particularly active in ensuring residents cultural needs are respected and addressed.</p> <p>There is an independent chaplain at Wilson Carlile three days per week, who is involved in assessing the residents' spiritual needs, providing spiritual support and acting as the residents advocate if needed. There is also an independent advocate who visits every other day and is available to assist with advocacy services. Interviews with</p>

		<p>both these people, verified their knowledge of the role and the ability to access the Nationwide advocacy services if required. Interviews also verified any areas of concern noted or brought to the attention of the Village and Care Manager (VCM) is addressed promptly. Wilson Carlile also has a cultural advisor, who supports all residents and staff around cultural concerns, with a specific focus on Māori and thinking and respecting Māori.</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. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Wilson Carlile include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. 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 model of health at Wilson Carlile is promoted. The model encompasses an individualised approach that ensures best outcomes for all. Process, policies, and procedures evidence an environment is promoted in which it is safe to ask the question "how is institutional and systemic racism acting here?".</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at Wilson Carlile reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori is incorporated in day-to-day greetings, and signage throughout the facility. Everyone in the facility is encouraged to use te reo Māori whenever they feel comfortable, and it is incorporated into day-to-day activities.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau appropriately. Incident reports evidenced family/whānau are informed of any events/incidents in a timely manner. Documentation supports family/whānau or enduring power of attorney</p>

		<p>(EPOA) contact has occurred.</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>	FA	<p>Residents at Wilson Carlile 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>Staff who identify as Māori assist other staff to support cultural practice. 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. The cultural advisor, who identifies as Māori, is available to provide or access the desired support from external providers, if needed.</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>	FA	<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. Residents and family/whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been four complaints received since MLC took over management of the facility. These related to laundry services, care in assessing a pressure injury (refer also to subsection 3,2) and denture cleaning, rudeness from a staff member, and a staff member not wearing a mask when this was mandated in the facility. Documentation sighted showed that complainants had been addressed appropriately with investigation where required, action was taken where this was warranted, and complainants were informed of the outcome from their complaint. There has been one complaint from an external source, the Health and Disability Commissioner (HDC). The complaint was received and resolved to the satisfaction of the complainant prior to</p>

		<p>MLC taking over management of the facility. The HDC made no recommendations in respect of the complaint, and it is now closed. There have been no other complaints received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service. Māori representation at Board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency.</p> <p>Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific Health Plan and a Disability Policy Statement for tāngata whaikaha.</p> <p>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 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 VCM who is a registered nurse (RN) to manage the service with the support of two senior RNs. External support for te ao Māori and Pacific peoples is available through wider MLC organisation, from staff, and national and local organisations.</p> <p>The VCM has been employed as an RN for approx. 14 years, primarily within aged care. They were able to confirm knowledge of the sector, and regulatory and reporting requirements. The VCM has support available through the MLC regional clinical manager (RCM) and the clinical director, who is part of the executive team. The Wilson Carlile management team works with staff to meet the requirements of relevant standards and legislation. The VCM has been in post for only a few days and is being supported by the previous VCM who has</p>

		<p>transferred to another MLC site.</p> <p>MLC board minutes sighted demonstrated 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>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 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 of reports reviewed showed information to monitor performance is reported. The Wilson Carlile management team also evaluates services through meetings with residents and their family/whānau, and through surveys from residents and families/whānau, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>Staff employed by Wilson Carlile have completed health equity and equality, diversity and inclusion training in 2022.</p> <p>The service holds contracts with Te Whatu Ora - Health New Zealand Waikato for the provision of rest home, hospital, short term (respite) care, and long-term support – chronic health conditions (LTS-CHC). There are a total of 30 available rest home beds and 29 dual purpose (rest home or hospital) beds. Fifty-five (55) residents were receiving services at the time of audit, 29 receiving rest home services (two of which were respite), and 26 in the dual-purpose beds; three receiving rest home services and 23 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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the monitoring and/or management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, wounds, medication errors, polypharmacy, and antipsychotic use. Relevant corrective actions are developed and implemented to address any shortfalls, and progress against quality</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>outcomes is evaluated. Policies and procedures are in place to manage any potential inequity in the service.</p> <p>The regional clinical managers (RCM) and VCM 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>Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident and family/whānau satisfaction surveys (2022) were very favourable with 93% satisfaction. An area for improvement identified from the survey related only to flexibility of mealtimes but flexibility was noted during the audit with residents able to get food as and when they wanted it, in some instances contributing to making the meal (particularly breakfast food) themselves.</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. Information collected is analysed according to ethnicity to contribute to MLC equity information gathering to assist with the promotion of equitable services.</p> <p>The outgoing VCM understood and has complied with essential notification reporting requirements and the new VCM was able to describe reporting requirements. There have been three section 31 notifications completed since the last audit. These related to two pressure injuries (one entered the service with the pressure injury, one was facility acquired), and a resident wandering away from the premises.</p> <p>Staff have input into the quality programme through the RN/quality, health and safety, staff, infection control, and restraint meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by the VCM once completed.</p>
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<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) using an acuity spreadsheet. The facility adjusts staffing levels to meet the needs of residents but normally staff to bed capacity. Caregivers 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. There is RN coverage in the facility 24 hours per day/seven days per week (24/7).</p> <p>There are two RNs on a morning shift Monday to Friday and one at the weekend. RNs are supported by a senior RN and the VCM Monday-Friday and the VCM (or senior RN if the VCM is on leave) is on-call over the weekend. Afternoon and night shifts have one RN on duty. All shifts are eight-hours. The RNs are supported by caregivers, eight in the morning (three seven and a half, and five six-hour shift); six in the afternoon (two seven and a half-hour and four six-hour shifts); and two on night shift (eight-hour shifts).</p> <p>The service also employs a diversional therapist (DT) who works Monday-Friday and two activities assistants, one of whom works four and a half hours per day Monday-Friday and the other for three hours during the weekend. Domestic (cleaning) and food services are carried out by dedicated staff seven days per week. Laundry services are externally contracted but there is one laundry staff member who works two hours per day to iron and deliver clothing to the residents. Support staff include administration, 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 an infection prevention and control, restraint or cultural (Māori) adviser portfolio.</p> <p>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 and competency to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training</p>

		<p>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 caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. There are a high number of senior (level four) caregivers in the service (18 from 22 caregivers).</p> <p>Training and competence support is 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 people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>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 includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of seven staff records were reviewed (two RN, three caregivers, one diversional therapist, and one administration) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Orientation packages are comprehensive and cover all the facility information and competencies required by the person in their position (e.g., fire and emergency management, moving and handling, medication, chemicals etc.)</p> <p>Staff performance is reviewed and discussed at regular intervals. Staff reported having input into their performance appraisals.</p> <p>Staff information is secure and accessible only to those authorised to use it. Ethnicity data is recorded and used in line with health information</p>

		<p>standards.</p> <p>The service understands its obligations to recruit in line with the Ngā Paerewa standard. It is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including in leadership and training roles) dependent on vacancies and applicants. And has both Māori and Pasifika staff employed.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the general practitioner (GP), nurse practitioner, physiotherapist, pharmacists, podiatrist, and dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented. Staff interviewed described the outgoing and incoming VCM as being very supportive. There is also a chaplain available to staff and staff reported utilising the chaplain's services if they felt they needed further support.</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 is username/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 held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Wilson Carlile is not responsible for National Health Index registration of people receiving services.</p> <p>Issuance of National Health Index numbers are not within the scope of</p>

		this organisation,
<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 are welcomed into Wilson Carlile when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the level of care Wilson Carlile provides, and have chosen Wilson Carlile to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files (10) reviewed met contractual requirements.</p> <p>Wilson Carlile collects ethnicity data on entry and decline rates. This 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>Wilson Carlile has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. They collaborate with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau. When admitted, residents have a choice over who will oversee their medical requirements. While most choose the main medical provider to Wilson Carlile, several residents request another provider to manage their medical needs, and this is supported.</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 whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Wilson Carlile works in partnership with the resident and family/whānau to enable the resident's wellbeing.</p> <p>Ten residents' files were reviewed. These files included residents who identify as Māori, residents receiving respite care, residents with a pressure injury, residents identified as a high falls risk, residents with chronic health conditions, residents with diabetes and residents with an infection.</p> <p>Files reviewed verified a care plan is developed by a RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers</p>

		<p>wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Policies and processes are in place to ensure tāngata whāikaha and whānau participate in Wilson Carlile's service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, including with the GP, 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 (who identifies as Māori) and two activities coordinators who work at Wilson Carlile, provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life, seven days a week.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Each resident has a booklet, that is in English and Māori, and identifies residents needs based on the te whare tapa wha model. Specific requests including the desired use for tradition healing practices, herbal remedies, spiritual beliefs, and homeopathic practices are documented in the resident's booklet and incorporated into the care provided. Opportunities for Māori and whanau to participate in te ao Māori are always facilitated. Matariki, Māori Language week and Waitangi Day was celebrated at Wilson Carlile. Residents who identify as Pasifika have a choice of two Pasifika</p>

		<p>health models, fonafale or te vaka Atafaga, depending on their preference. The residents have formed a Kaumatua group that meets fortnightly. Meeting minutes verify satisfaction with the activities and successes achieved by this group. This group focuses on enabling Māori (refer criterion 1.1.1) They go out to maraes, do kapa haka and join in in kapa haka concerts. At present all the residents are making pui skirts for the Wilson Carlile end of year production which is based on a New Zealand Christmas book “A Pukeko in a Punga Tree”. A traditional Māori healer visits regularly and teaches the residents how to make a kawakawa pani (kawakawa ointment). A Māori weaving class taught the residents how to weave. Cooking classes include the making of Māori bread, soups and boil ups. Te reo Māori is encouraged with some residents enjoying reconnecting with their language. The diversional therapist is a Māori healer and does miri miri.</p> <p>In addition to this, resident outings include train trips to Auckland and Waihi, outings to the local farms, shopping expeditions weekly, and trips three times a week, evening parties with dancing and singing, and preparations for an upcoming Christmas fair. Residents’ meetings are held monthly, and minutes verify satisfaction with the activities offered.</p> <p>Residents and family/whānau participate in evaluating and improving the activities 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 at Wilson Carlile 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. There are no vaccines stored on</p>

		<p>site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Wilson Carlile.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, 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>	<p>FA</p>	<p>The food service provided at Wilson Carlile is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in August 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 24 March 2022. Two areas requiring corrective action were identified, and these have been addressed. The plan was verified for 12 months and is due for reaudit in March 2023.</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 address these, including specific requests by those who identify as Māori.</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 observed to be 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 whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative. Family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. 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, these were sighted and within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The building has a building warrant of fitness which expires on 11 December 2022, action is currently being taken to renew the warrant. There are no plans for further building projects requiring consultation at the present time, but MLC directors are aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment is comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Rest home areas are treated as communal housing and called villas, each as a small kitchenette for the use of the residents. Lounge and dining facilities meet the differing needs of residents. There is a large activities space separate from lounge areas. There are adequate</p>

		<p>numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas for leisure activities with appropriate shade and seating.</p> <p>Residents' rooms are spacious and dual purpose (rest home or hospital level) rooms allow space for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Gas central heating is provided in the facility which can be adjusted depending on seasonality and temperature.</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 for the care facility was approved by the New Zealand Fire Service on 9 October 2007 and its requirements are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly most recently on 18 November 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 family/whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements, and these are displayed in poster form throughout the facility. There is always a staff member on duty with current first aid certification, and RNs are on duty 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 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 governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process and includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels; through the clinical team, the clinical management team, and through the clinical governance team to the MLC board.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control resource nurse (ICRN) at Wilson Carlile is responsible for overseeing and implementing the IPC programme at Wilson Carlile with reporting lines to the VCM, regional clinical manager (RCM) and the MLC IPC national lead. The IPC and AMS programme links to the quality improvement programme that is reviewed and reported on annually. The ICRN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice is sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The IPC policies and procedures reflected the requirements of the standard. They are provided by MLC's clinical governance group and are based on current accepted good practice. Cultural advice is sought where appropriate. Staff were familiar with policies and procedures through education during orientation and ongoing education and were seen to follow these correctly. Wilson Carlile's policies, processes and audits ensure that reusable and shared equipment is decontaminated using best practice guidelines. Single use items are discarded after being used. Educational resources including a range of brochures which are available and accessible in te reo Māori.</p> <p>The pandemic/infectious diseases response plan is documented and has been evaluated. There are sufficient resources and personal</p>

		protective equipment (PPE) available, as observed and verified by staff interviewed, and staff are trained accordingly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.
<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>Wilson Carlile is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Wilson Carlile has only been collecting data since July 2022, when they took on the clinical oversight of the facility, no evidence was sighted of a downward trend in the use of antibiotics since July.</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>Wilson Carlile undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the IPC programme. The service 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. Surveillance data includes ethnicity data. Results of the surveillance programme are shared with staff. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. Results of surveillance are benchmarked with other MLC sites and reported per 1000 occupied bed days, in addition results are benchmarked to a number of other Healthcare providers in New Zealand. Wilson Carlile has noted they have a high number of skin infections, and a corrective action plan is in place to identify the possible causes for this and to take action. At the time of audit, a number of practices have been implemented, however, there is no evidence at this time to assess the effectiveness of these.</p> <p>There have been three COVID-19 outbreaks at Wilson Carlile, one in</p>

		<p>April 2022, one in July 2022 and one in October 2022. Outbreaks were contained in the wings. The Regional Public Health Unit (RPH) and the Te Whatu Ora Waikato were informed of the outbreaks. Investigations and appropriate interventions to minimise ongoing transmission were undertaken. Family/whānau stated there was prompt communication with them, and infection prevention and control requirements are clearly identified.</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 antimicrobial resistant organisms at Wilson Carlile. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform care and cleaning 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 offsite including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Laundry returned to the facility is ironed (if required) and returned to residents by a dedicated laundry staff member seven days per week. 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 restrictions.</p>	<p>FA</p>	<p>MLC is committed to a restraint free environment for its facilities and Wilson Carlile is restraint free. Restraint has not been used in the facility since April 2022, prior to MLC taking over management of the facility. The outgoing and incoming VCMs and the RCM described the</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>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 therefore upholding the dignity of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2022 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.</p> <p>The RC in consultation with the VCM and the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; 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. The restraint 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 there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.1.1</p> <p>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).</p>	CI	<p>Wilson Carlile values engagement with its Māori residents and staff. The engagement is built on trust, authenticity, reciprocity, transparency and a willingness to share and learn from each other. To ensure this, the facility instituted a Kaumatua Hui at the facility which is supporting Māori in their engagement in te ao Māori and making their experience living in the facility more relevant and enjoyable for them.</p>	<p>Wilson Carlile engages proactively with its Māori residents and staff and have instituted a formal engagement process with residents called the Kaumatua Hui. The hui is made up of Māori residents and staff; non-Māori, and whānau are welcome to attend should they wish to do so. There have been four meetings since Metlifecare (MLC) took over the management of the facility. Each meeting is opened and closed with karakia, discussions include the organisation’s Māori Health Plan and care plan, and feedback is sought from attendees. Discussed are ways that the service can better represent te ao Māori in the facility. Initiatives arising from this have been the formal recognition of death in the facility and the discussions around renaming the rest home wings of the facility (called villas). In relation to death, the kaumatua group take responsibility for collecting flowers for the</p>

			<p>tūpapāku and farewelling them from the facility with whaikōrero mai. Re-naming of the villas is in progress, there has been a discussion around appropriate names for each villa to represent te ao Māori. A survey of residents is currently taking place to ensure that the result is culturally acceptable to the people who live in the villas. Other areas will also be considered for appropriate naming as part of this initiative.</p> <p>Activities are also in place to support the feeling of home for Māori residents. Among other initiatives (refer subsection 3.3) placemats have karakia printed on them, whakapai kai is conducted, Māori language games are played, flax weaving has taken place and visits to marae and kapa haka have been made to promote engagement with te ao Māori.</p> <p>Three residents were interviewed in relation to the initiative. All were very positive about the groups valuing the ability to have controls over their environment and input into the service. Comments made by the residents interviewed included such things as; “I wouldn’t go to the marae or kapa haka unless I was with the group”, “I am reclaiming my language, I lost it when I was a young child”, “I enjoy the feeling of inclusion I get when I am with this group” and “I like being greeted in Māori when the staff come to me”. All were very clear that the group had had a positive influence on their feeling at home in the service.</p>
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End of the report.