

Metlifecare Retirement Villages Limited - Metlifecare The Avenues Ltd

Introduction

This report records the results of a Surveillance 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:	Metlifecare The Avenues Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 April 2023 End date: 14 April 2023
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:	29



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

General overview of the audit

Metlifecare Limited – The Avenues is owned by Metlifecare Limited. The care home provides rest home, transitional care services and hospital level care for up to 30 residents. The regional clinical manager was available and interviewed at this audit.

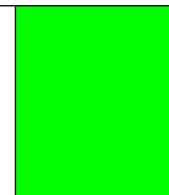
The care home is managed by the nurse manager who was appointed to this role June 2021. The nurse manager is well supported by the regional clinical manager who oversees five facilities, and a newly appointed senior registered nurse clinical manager. All residents are cared for by three general practitioners from the same practice.

This unannounced surveillance audit was conducted against the Ngā Paerewa Standard 8134:2021. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, the general practitioner, family members, the management team and staff.

There were two areas requiring improvement from the previous audit that have been fully addressed. No new improvements were required at this audit.

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.

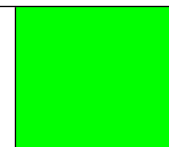
Te reo and tikanga are actively promoted, with the principles of Te Tiriti o Waitangi well embedded across the organisation.

Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. The needs of tāngata whaikaha are catered for including participation in te ao Māori. The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

Processes are in place to resolve complaints promptly and effectively with all parties involved. A complaints register is maintained.

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 quality and risk management system was focused on improving service delivery and care. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory obligations.

Staff are provided with an appropriate orientation and participate in ongoing planned education annually. All members of the Metlifecare executive group, have completed training on the Te Tiriti and health equity. Policies and procedures are currently being

reviewed by a contracted consultancy group for the organisation. All employed and contracted health professionals maintain a current annual practising certificate. All registered nurses have completed a first aid certificate. Staffing is managed effectively providing adequate cover.

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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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Residents and whānau interviewed expressed satisfaction with the activities programme provided.

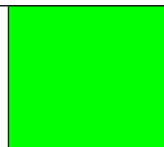
There is a medicine management system in place. All medications are reviewed by the general practitioners or nurse practitioners every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

Residents are referred 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.



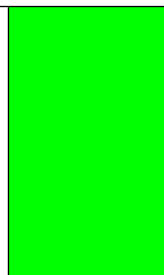
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Regular testing of electrical equipment and calibration of equipment was verified. Internal and external areas were accessible, safe and meet the needs of residents.

The fire evacuation scheme and plan has been approved by Fire and Emergency New Zealand (FENZ). Fire drills are conducted at least six monthly. Appropriate 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.



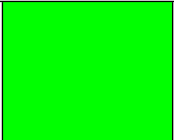
Subsections applicable to this service fully attained.

The service ensures the safety of the people supported and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme.

A pandemic plan was in place. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 in 2022 and 2023 were managed according to Ministry of Health (MoH) guidelines.

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 restraint policy states a commitment to promote elimination of restraint. Education is provided to staff at orientation and is ongoing. No residents were using restraint on the day of audit, and this was also reflected in the restraint register maintained by the nurse manager.

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	22	0	0	0	0	0
Criteria	0	58	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare The Avenues has a recruitment policy and cultural safety responsiveness Māori and Treaty of Waitangi policies that were reviewed in February 2023.</p> <p>The nurse manager ensures applicants for positions advertised, are provided every opportunity for all roles and all applications are acknowledged and recorded as part of the human resources management process. On the day of the audit no residents identified as Māori. One staff member identified as Māori.</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>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The Pacific Health Plan describes models of care adopted by the organisation that can be incorporated into the care planning process. The provision of equitable services is underpinned by the Pacific people’s worldview which notes ‘to improve the health outcomes of Pasifika people’. Expert advice will be sought if not available from the resident and family. Cultural assessments are</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>undertaken on all residents. No residents on the day of the audit identified as Pasifika. There were two staff members who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed reported that they respect residents' rights, support them to know and understand their rights and that their mana motuhake is recognised. The clinical nurse manager (CNM) stated that care plans are individualised and those reviewed evidenced residents' input into their care and that choices and independence was promoted. The Māori health plan in place identified how the service support Māori mana motuhake. Staff have completed cultural training which includes current rights in relation to health equity.</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>The service's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health plan sighted.</p> <p>Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week.</p> <p>Residents and family/whānau reported that their values, beliefs, and language were respected in the care planning process.</p> <p>The service responds to the needs of the residents including those with a disability and supports and encourages participation in te ao Māori.</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</p>	<p>FA</p>	<p>The nurse manager and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they were treated fairly, they felt safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocacy services.</p> <p>A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</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>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The regional clinical manager (RCM) and CNM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora - Health New Zealand - Hauora a Toi Bay of Plenty, if required. Residents confirmed that they are provided with information and are involved in the consent/informed choices and decision-making process about their care. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p>	FA	<p>The complaints/compliment management policy and procedures were clearly documented. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code) which is the right to complain and to be taken seriously and to receive a response.</p> <p>Staff interviewed stated that they were fully informed about the complaints procedure and where to locate the hard copy forms and/or</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>the electronic document if required. The families interviewed were pleased with the care and management provided to their family members. They clearly understood their right to make a complaint or to provide feedback as needed to improve service delivery, or to act on behalf of their family member. Residents and family members commented that any issues are dealt with swiftly and professionally.</p> <p>There has been one complaint received in the past year. The complaint had been acknowledged, investigated and followed up in a timely manner, dated and signed off when resolution occurred. No complaints have been received via the Health and Disability Commissioner's (HDC) office, independent advocacy service, Te Whatu Ora or the Ministry of Health (MoH) since the last audit. The regional clinical manager (RCM) would be responsible for any HDC complaints. The NM maintains the complaints register with the assistance of the RCM.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was required. The service is considering translating the complaints process into te reo Māori. A cultural advisor is available for this service.</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>Melifecare The Avenues opened in 2019. Ten rooms are now occupation right agreement (ORA) care suites which were changed during November 2022 to January 2023. The nurse manager is supported by a CNM (five weeks in this role) and the RCM. A senior health care assistant has been appointed as the care suites coordinator Monday to Friday. This is a liaison role established with the aim to provide ongoing personal assistance and support to residents when they transition into a care suite, either from the village or the community.</p> <p>The Melifecare executive board members completed full training on Te Tiriti, health equity and cultural safety in 2022. The 'Te Kaa' training programme was run over six weeks providing comprehensive training and knowledge to the governance group to enable the delivery of a high-quality service that is responsive, inclusive and sensitive to the cultural diversity of the communities served. Staff completed training in October 2022 on Te Tiriti o Waitangi and online relevant training as</p>

		<p>recorded on the education records reviewed. All new staff complete a cultural competency as part of the orientation process to Metlifecare The Avenues.</p> <p>The Māori health plan and all other relevant documents have been reviewed for Metlifecare by a contracted consultancy group and all information brochures, booklets, and other resources are now available in te reo Māori.</p> <p>The regional clinical manager interviewed, who participated in the audit, was also a Metlifecare clinical governance representative.</p> <p>The service has a focus on ensuring services for tāngata whakaha, are undertaken to improve resident outcomes. This was explicit within the business and strategic plan for 2023 – 2024. The quality programme results available at the time of the audit reflected on the last four months of ethnicity data collected. There were no unwanted trends identified. The administration data and a decline register were being maintained.</p> <p>Metlifecare The Avenues has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Hauora a Toi Bay of Plenty for rest home, respite, long term support chronic health conditions (LTSCH), transitional care and hospital level care. The service also provides Accident Compensation Corporation (ACC) services as needed.</p> <p>The service has a total of 30 beds and on the day of the audit there was a total of 29 residents receiving care. This included ten rest home residents, 14 hospital residents, two transitional care residents, two ACC residents and one LTSCH resident. There were no residents receiving respite care.</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 management of incidents and complaints, internal and external activities, monitoring of outcomes, policies and procedures, health and safety reviews and clinical incident management. The nurse manager and clinical nurse manager (senior registered nurse) are responsible for the implementation of the quality and risk system with input from the</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>administrator. The RCM provides advice and policy review for five facilities and one new facility that is currently being built. Any policies reviewed were dated and signed off by the clinical nurse director for Metlifecare.</p> <p>There were no known internal or external risks or opportunities identified including potential inequalities at the time of the audit. Should this happen, a plan would need to be developed and implemented, to respond to any findings.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. The organisation is transitioning to electronic records. The service prioritises audits related to key aspects of service delivery and resident and staff safety. Any outcomes or areas for quality improvement are addressed with corrective action requests. The RCM completes and is responsible for this process. Once actioned and signed off by the RCM, the NM and staff are informed of any results or changes. Benchmarking both internally and externally within the regions occurs and this includes infection prevention and control which is also benchmarked externally with other like aged residential care services. The results are feedback to staff from the executive quality team monthly.</p> <p>Health and safety systems are implemented. There is a current up to date hazardous substance and hazard registers maintained and both were reviewed.</p> <p>A risk management plan for 2023 with aims and objectives was in place. The care home/quality meetings are held regularly, and minutes of meetings were reviewed. Relevant resident and facility quality and risk issues, including any hazards, training, staffing, adverse events, complaints/compliments, residents/family feedback and changes in process/systems, including those related to infection prevention, are discussed. Staff interviewed confirmed they felt well supported.</p> <p>The annual resident/family surveys are due to be completed April 2023. The care staff understood the Māori constructs of pae ora and have completed cultural competencies and endeavour to ensure any Māori residents would receive culturally appropriate care.</p> <p>A contracted service provider provided advice and review of organisational practices, through critical analysis, and any feedback</p>
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		<p>was provided to Metlifecare executive group, on improving health equity.</p> <p>The RCM, NM and CNM (senior RN) were familiar with essential notification reporting requirements. Since the previous audit one section 31 notification was forwarded to HealthCERT. The notification was in relation to the RN shortage and covering the roster 24/7. Strategies were put in place over this time such as, NM and RN sleepovers, virtual assistance and increased health care assistants (HCAs) on relevant shifts.</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 process determining staffing levels and skill mix to provide clinically and culturally safe care 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers, level of care and when residents' needs change. Care staff confirmed that there were adequate staff to complete the work allocated to them. Family interviewed supported this. The care suites are provided within the care home (10) ORA suites, and all were occupied. HCAs cover the duty roster inclusive of the care suites and the newly appointed care suite co-ordinator oversees these residents daily Monday to Friday.</p> <p>The health care assistants (HCAs) have completed or are enrolled in recognised New Zealand Qualification Authority (NZQA) training. There were twenty-two HCAs employed. Eleven (11) have completed NZQA level four and three level three training and certificates were reviewed. The level 3 HCAs were completing level four training at the time of the audit. Five HCAs, some newly employed, are enrolled to commence training in the next few months. Records of training were reviewed. All registered nurses have completed first aid and certificates were sighted. The care suite coordinator is enrolled to complete first aid training. Rosters reviewed demonstrated that there is always a staff member on duty, who has a valid first aid certificate.</p> <p>The NM covers the after hours on-call system. Once fully orientated the CNM will share this role.</p> <p>Metlifecare have their own bureau available if staff need to be replaced.</p> <p>Activities are planned Monday to Friday 9 am to 3.30 pm. Residents</p>

		<p>interviewed enjoyed the activities programme with group and one on one activities provided to meet the needs of the residents. (Refer subsection 3.3)</p> <p>Kitchen staff receive full orientation at commencement of employment and education is provided ongoing including relevant training applicable for working in the kitchen (food service) addressing a previous finding raised in criterion HDSS:2008 criterion 1.3.13.1 (mapped to Ngā Paerewa 2.3.4. Refer also to subsection 3.5).</p> <p>Staff have been provided with training on cultural safety and aspects of the Te Tiriti. Cultural competencies have also been completed, however further training and work needs to be undertaken to ensure staff fully understand about health equity and how to meet the needs of people equitably. The organisation has a commitment to include, provide and to invest in the staff health equity expertise.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. All employed and contracted registered health professionals have current annual practising certificates. This process was verified by the NM and records reviewed were well maintained.</p> <p>A comprehensive orientation and induction programme is implemented, and staff confirmed their usefulness and applicability and felt well supported. New HCAs are buddied to work with a senior HCA for orientation and spend time with the clinical nurse manager. Additional time is provided as required. An orientation checklist is completed. Staff annual performance reviews were up to date.</p> <p>Staff ethnicity was being identified, along with country of birth. There are staff of different nationalities employed. Ethnicity data is collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements and was kept and stored securely.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>The service's admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were</p>

<p>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>		<p>recorded on the pre-enquiry form.</p> <p>There were no Māori residents at the time of the audit. The CNM reported that ethnicity is collected and routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The CNM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Residents' files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The general practitioners (GPs) and nurse practitioners (NPs) complete the residents' medical admission within the required time frames and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The NP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes</p>

	<p>were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the senior registered nurse or CNM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support them to identify their own pae ora outcomes in their care and to support wellbeing. The Māori health care plan was developed in consultation with a cultural advisor. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were no residents who identify as Māori at the time of the audit.</p> <p>The previous audit shortfall (HDSS:2008 criterion 1.3.4.2) around completing neurological observations for all unwitnessed fall as per policy requirements has been addressed. Evidence of neurological monitoring post falls was sighted in files reviewed.</p>
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<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 activities programme for the hospital, and rest home is coordinated by the activities coordinator. The service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, ANZAC holidays, Māori language week, and local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections were suitable for the residents. Staff reported that opportunities for Māori and whānau to participate in te ao Māori will be facilitated. Van trips occurred once a week except under COVID-19 national restrictions. Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs and NPs complete three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over-the-counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were</p>

		<p>acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There was one resident who was self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</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 Māori health plan in place included cultural values, beliefs, and protocols around food. The regional manager and chef stated that culturally specific menu options were available and offered to Māori and Pasifika residents when required. These included ‘boil ups’ and ‘Island’ food. Enduring power of attorney (EPOA)/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</p> <p>The previous audit shortfall (HDSS:2008 criterion 1.3.13.1) related to staff not completing food safety and handling training has been addressed. Evidence of staff training was sighted including for new staff (refer subsection 2.3 and criterion 2.3.4).</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>A standard transfer notification form from Te Whatu Ora - Hauora a Toi Bay of Plenty, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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 purpose.</p> <p>There was a current building warrant of fitness which expires 11 September 2023. Electrical testing and tagging were completed and equipment needing calibration was verified as being completed. A biomedical performance verification report was also sighted, dated 5 September 2022. This is completed annually and was next due September 2023.</p> <p>Whanau/family interviewed were happy with the environment. There are external garden areas and shade is provided in the central courtyard. The business plan included a commitment to ensuring the environment reflects the identity and aspirations of Māori. Each resident has their own bedroom. There are two lounge areas. There is appropriate signage and culturally inclusive artwork.</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</p>	FA	<p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) in 2019. A fire evacuation drill and education were last conducted in February 2023. The evacuation report was sighted. There is a list of current residents and their individual abilities/needs in the event of a fire or other civil defence emergency.</p> <p>Security cameras are located on site, monitoring the external and</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>internal environments. Signage about the security cameras was visible in the entrance to the facility. Staff are also responsible for ensuring the windows and door are locked on the afternoon and night shifts and regular security check rounds are completed by staff.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic plan is in place, and this is reviewed at regular intervals. There were infection outbreaks of COVID-19 in 2022 and 2023. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The clinical nurse manager reported that the GP is informed promptly when a resident had an infection. Appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management respectively.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The RCM and NM advised that restraint is not used at the service. The restraint policy was reviewed in March 2023. Metlifecare staff interviewed stated that their policy is to eliminate the use of restraint</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>and to ensure that if restraint is necessary, the resident is kept safe from any harm and the practice occurs in a safe and respectful manner. Metlifecare demonstrates a commitment towards eliminating restraint and continues the promotion of a restraint free care environment.</p> <p>This is communicated to staff during orientation and as part of the ongoing education programme.</p> <p>The NM takes responsibility for ensuring the restraint free focus is maintained. There has been no restraint used since the service opened. The restraint programme is reviewed annually. Restraint is reported on monthly by the NM to the RCM, who reports to the executive clinical director. Education was provided annually to all staff, including de-escalation techniques.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.