

Metlifecare Retirement Villages Limited - Metlifecare Somervale

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:	Metlifecare Somervale
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 May 2023 End date: 16 May 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:	61

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 Somervale care home (Somervale) provides rest home and hospital level services for up to 69 residents.

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

Strengths of the service, resulting in continuous improvement ratings, related to a quality improvement project around reducing use of pro re nata (PRN) (as required) antipsychotic medication. No areas requiring improvement were identified.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Somervale works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld. Personal identity, independence, privacy, and dignity were respected and supported. Processes were in place to protect residents from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi 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 whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies 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 ora | 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 by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme.

The service uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary preferences with special cultural needs catered for. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical 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 whānau understood emergency and security arrangements and these were 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.

The Metlifecare clinical governance team and the senior care team at Somervale ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator, who is the senior registered nurse, is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan. Aged care specific infection surveillance is undertaken with follow-up action taken as required. There have been two infection outbreaks of COVID-19 reported since the last audit, and these were managed effectively.

The environment supports the prevention and transmission of infections. Waste and hazardous substances were being well managed. Cleaning and linen services were safe and effective.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative 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	167	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>Somervale 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. There were residents who identified as Māori at the time of audit. Residents and whānau interviewed reported that staff respected their right to self-determination, and residents identifying as Māori reported feeling culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and this 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, whānau, and psychological health of the residents.</p> <p>Metlifecare (MLC) supports increasing Māori capacity in the service 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 and national level. There were staff who</p>

		<p>identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through tāngata whenua organisations including Ngāti Ranginui (Tauranga), Ngāti Rangitihi (Te Arawa), Ngāti Awa (Kawarau), Ngāterangi (Makatana Island), and Ngāi Tai (Hauraki). An iwi referral form is available for staff to use to refer Māori residents to appropriate supports.</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>	FA	<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 no 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 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</p>	FA	<p>All staff interviewed at Somervale understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau</p>

<p>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>and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code was conducted and evidence of this was sighted.</p> <p>There were residents and staff who identified as Māori. The regional clinical manager (RCM), and senior registered nurses (SRNs), reported that the service recognises Māori mana motuhake (self-determination) of residents, whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Whānau and residents, 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 characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The RCM and SRNs reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually through the education programme, along with Te Tiriti o Waitangi, te reo Māori and tikanga practices. The RCM and SRNs reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to 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 services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The SRNs reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the RCM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau and Māori health organisations and practitioners (as applicable).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective and that they felt listened to. Enduring power of attorney (EPOA) or whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. This was supported in the residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each</p>

		<p>resident had an EPOA or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora Hauora a Toi Bay of Plenty if required. Staff can provide interpretation as and when needed and use family members as appropriate. The SRNs reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The nursing team reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau to translate, and regular use of hearing aids by residents when required, is encouraged.</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 staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician, GP/NP for residents who were unable to provide consent. The SRNs reported that the GP/NP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's whānau. This was verified in interviews with residents, their whānau, and the GP/NP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</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 whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been six complaints received in the last 12 months. 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. Two complaints, received recently, remain open but dialogue with the complainants has occurred. There have been no complaints 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>	FA	<p>The governing body assumes accountability for delivering a high-quality service. Māori representation at board level is through an externally contracted service whose business is to advise on matters affecting Māori, on appropriate policies and procedures 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 (people with disability).</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, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified nurse manager (NM) who is a registered nurse (RN) to manage the service with the support of two senior RNs and the Somervale village manager (VM), the MLC regional clinical manager</p>

		<p>(RCM) and the MLC clinical director, who is part of the executive team. External support for te ao Māori and Pacific peoples is available through wider MLC organisation, from staff, and national and local organisations.</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>The NM is experienced in aged care and disability services and has been employed by the service for approximately four years. The Somervale management team works with staff to meet the requirements of relevant standards and legislation. The NM was not available for interview during the audit, but the RCM and SRNs were able to confirm knowledge of the sector, including regulatory and reporting requirements.</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 Somervale management team also evaluates services through meetings with, and surveys from, residents and their whānau, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>Staff employed by Somervale have completed health equity and equality, diversity and inclusion training in 2023.</p> <p>The service holds contracts with Te Whatu Ora Hauora a Toi Bay of Plenty for the provision of age-related residential care (ARRC) services at rest home, hospital, short term (respite) care, and long-term support – chronic health conditions (LTS-CHC) care. Four of the rooms are occupied as care suites under occupation rights agreements (ORAs). Te Whatu Ora Hauora a Toi Bay of Plenty also funds and maintains clinical oversight for four transitional care beds at the facility. Sixty-one residents were receiving services at the time of audit, 24 receiving rest</p>
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		home services (three of which were in ORA care suites and one respite), and 34 receiving hospital level services (one in an ORA care suite). Three of the transitional beds were in use, all at hospital level care.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<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 (refer criteria 3.4.1). Relevant corrective actions are developed and implemented to address any shortfalls, and progress against quality outcomes is evaluated. Policies and procedures are in place to manage any potential inequity in the service.</p> <p>The RCM and SRNs 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, whānau, and staff contribute to quality improvement through the ability to give feedback at meetings and through surveys. Outcomes from the last resident and whānau satisfaction surveys (2022) were favourable.</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 NM has complied with essential notification reporting requirements. The RCM and SRNs onsite during the audit were able to describe reporting requirements should reports be required in the NM's absence. There have been four section 31 notifications completed since the last</p>

		<p>audit. These related to two pressure injuries (one entered the service with the pressure injury, one was facility acquired), and two related to resident behaviours of concern.</p> <p>Staff have input into the quality programme through the RN, care staff, and allied staff quality meetings, health and safety, and infection control meetings. Restraint is covered as part of the staff quality meetings. These meetings 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 NM once completed.</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>	FA	<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 staffs to bed capacity. Caregivers interviewed reported there were adequate staff to complete the work allocated to them. Residents and 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 SRNs/RNs on a morning and afternoon shift, with one on night duty, the SRNs/RNs are supported by the NM Monday to Friday. The SRNs with the support of the RCM cover if the NM is on leave. The SRNs/RNs are supported by caregivers, Staffing for the care suites are considered as part of the overall staffing requirements.</p> <p>The service also employs a diversional therapist (DT) and an activities coordinator (AC) who work Monday to Friday. Laundry and food services are carried out by dedicated staff seven days per week. Cleaning services are contracted. Support staff include the VM, reception, 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</p>

		<p>control, restraint, or cultural (Māori) adviser portfolio.</p> <p>Continuing education is planned on a biannual basis and delivered annually. The education programme is delivered via an electronic education portal and through study days to ensure that all mandatory training requirements are included. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies (medication management, manual handling, hoist training, chemical safety, food handling, the use of personal protective equipment (PPE), emergency management including fire drills) are assessed and support safe and 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 (22 of 37 caregivers).</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff education and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of eight staff records were reviewed across organisational roles. The records 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 management)</p> <p>Staff performance is reviewed and discussed at regular intervals. Staff</p>

		<p>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 standards.</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 NM, RCM, and SRNs as being very supportive. There is an employee assistance programme available to staff if they feel they need further support, and staff were aware of their ability to utilise the service.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite and at the head office. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a NHI number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes</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>are documented and communicated to the EPOA or whānau of choice, and where appropriate, local communities and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital level of care, and residents in transitional beds were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The SRNs reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/whānau are referred to a referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</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>All 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, EPOA and/or whānau. Long-term care plans were also developed, and six-monthly evaluation processes ensured that assessments reflected the</p>

		<p>residents' daily care needs. Resident, whānau/EPOA, and GP/NP involvement is encouraged in the plan of care.</p> <p>The GP/NP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The SRNs and RNs reported that sufficient and appropriate information is shared between the staff at each handover, and this was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes 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 within three weeks. Any change in condition is reported to the SRNs and this was evidenced in the records sampled.</p> <p>Interviews verified residents and EPOA/whānau are included and informed of all changes. 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 responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</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 wellbeing. 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.</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>	FA	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by the DT and AC. The programme runs from Monday to Friday with weekends reserved for church services, movies, visits from family and friends, and other activities are facilitated by the care staff. The activities are based on assessments, and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are undertaken monthly. A 'Know Me' booklet detailing residents' life history is completed for each resident within two weeks of admission in consultation with the resident and their EPOA or whānau.</p> <p>The activity programme is formulated in consultation with the management team, registered nurses, EPOAs/whānau, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home and hospital level of care. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau and friends. Outings are conducted as required in the company of EPOA/whānau and friends except under COVID-19 national restrictions.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals such as Māori Language Week and Matariki. Cultural practices such as karakia, playing Māori music, and saying the Lord's Prayer in Māori on a daily basis is practised.</p> <p>Whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
Subsection 3.4: My medication	FA	The medication management policy is current and in line with the

<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>Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP and NP complete three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were 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 acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>An RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards.</p> <p>There were residents self-administering medications. Appropriate processes were in place to ensure this was managed in a safe manner. There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the RN and Māori residents. The service, including residents and their whānau, can access help from Te Reo Māori Pharmacy Support which has a freephone line to answer questions</p>
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		about Māori medications.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 3 December 2023. The menu was reviewed by a registered dietitian on 13 March 2023. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained, and these are recorded on the electronic management system. All decanted food had records of 'use by' dates recorded on the containers and no expired items were sighted.</p> <p>Whānau/EPOA and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen manager reported that the service prepares food that is culturally specific to different cultures. There is a Māori/Pasifika inspired menu option that includes creamy kaimoana soup, kai whenua (braised beef with kawakawa) and kumara soup, kumara fritters, kumara roroi with ice-cream and honey drizzle.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The SRNs</p>

<p>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>		<p>reported that discharges are normally into other similar facilities. Discharges are overseen by the nursing team who manage the process until exit. All this is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures all equipment is maintained, serviced and safe. The programme 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 all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 23 September 2023. There were no plans for further building projects requiring consultation.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were</p>

		<p>culturally inclusive and suited the needs of the resident groups. Each area has lounge facilities with a shared dining area. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms have ensuites and 18 of the rooms have ceiling hoists in place. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have external windows which can be opened for ventilation; safety catches are in place.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the facility during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 14 September 2017, and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, most recently on 2 May 2023. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Security for the care</p>

		<p>suites is considered alongside the general security systems for the facility. Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials 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 (eg, COVID-19, respiratory and gastrointestinal infections) and any corrective actions arising from deficits identified post-infection. Expertise and advice are sought as required following a defined process and include 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.</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>One of the SRNs coordinates the implementation of the IPC programme. The infection control coordinator (ICC) role, responsibilities and reporting requirements were defined in the ICC job description. The SRN has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the regional clinical team, is linked to the quality improvement programme and was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. They reflected the requirements of the infection prevention and control standards with appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the</p>

		<p>pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The ICC liaises with the NM, VM, and RCM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te Whatu Ora Hauora a Toi Bay of Plenty. The SRN stated that the regional clinical team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff.</p> <p>Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IPC observed, thus acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>The SRN reported that residents who identify as Māori will be consulted on IPC requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the regional clinical team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP/NP has overall responsibility for antimicrobial prescribing.</p> <p>Monthly records of infections and prescribed treatment were maintained. The annual IPC and AMS review and the infection control and hand washing audit includes antibiotic usage, monitoring the quantity of antimicrobials prescribed, antimicrobial effectiveness, whether pathogens are isolated, and the occurrence of any adverse effects.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Benchmarking is completed with other Metlifecare facilities and</p>

		<p>externally with similar organisations.</p> <p>Residents and whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau. There were two COVID-19 infection outbreaks reported since the previous audit. These were managed in accordance with the pandemic plan with appropriate notification completed.</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 antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets (MDSS) were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>The cleaning of the service is contracted to an outside company. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>There are designated laundry staff who are responsible for personal laundry at the service, and for two other Metlifecare facilities nearby. Bed linen,towels and other items are washed offsite by a contracted laundry company. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received education appropriate for the service and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal</p>

		audit programme. The laundry staff and cleaning staff demonstrated awareness of IPC protocols. Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Somervale is a restraint free environment. Restraint has not been used in the facility since at least 2015. The RCM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care. There were no residents using restraint during the audit.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by an RN who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC in consultation with the NM 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 EPOA and/or whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since at least 2015, subsections 6.2</p>

		and 6.3 are not applicable and have not been audited.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	CI	<p>The service initiated a quality improvement project which was premised on reducing use of PRN antipsychotic medication at Somervale. The process included monitoring of polypharmacy, regular, and PRN medicines, with a view to medication rationalisation, and subsequent reduction in medication not therapeutic to the residents.</p> <p>The achievement of the quality improvement project in reviewing medication charts, and antipsychotic medicines commenced in December 2022 is rated beyond the expected full attainment. The documented review process which included the analysis and reporting of findings was sighted. There were 105 residents on PRN antipsychotics medicines in December 2022, and this significantly dropped to 15 residents in April 2023. The service embarked on a rigorous process of reviewing residents' PRN antipsychotic medications.</p>	<p>The implementation of the review process along with non-pharmacological interventions resulted in 85% of residents being weaned off antipsychotic medication. The success of the project was measured by extracted data which indicated a significant decrease in the use of antipsychotics and behavioural incidents remained low. This was confirmed in interviews with the nursing team, residents, relatives, the RCM, NP, and the GP respectively.</p>

		<p>Routine monthly reviews by the NM, RNs, pharmacist, and GP/NP were completed. Each PRN medication administered was documented in progress notes and on the electronic medication management system. Reasons for use and other management strategies were considered. This was further discussed at weekly clinical meetings, reviewing individual residents' needs and future management strategies. Upon admission, residents on polypharmacy were identified for a comprehensive medication review with the main aim to consolidate and discontinue medications that may not be appropriate. The clinical team and pharmacist would then forward the recommendations to the attending GP or NP for further consideration. The nursing team in consultation with activities and care staff would then develop relevant interventions to manage behavioural issues of concern. The RCM reported that regular staff training on antipsychotic use, management of challenging behaviour, toolbox talk of residents' profiles, activities, de-escalation techniques, and use of non-pharmacological interventions was ongoing. Te Whatu Ora Hauora a Toi Bay of Plenty- Mental Health for Older Persons service was also involved in education of staff around behavioural issues of concern and their management.</p>	
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End of the report.