

Metlifecare Retirement Villages Limited - The Poynton

Introduction

This report records the results of a Partial Provisional 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: The Poynton

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 7 August 2023 End date: 7 August 2023

Proposed changes to current services (if any): The facility is seeking certification for 20 dual purpose care suites. Ten of these rooms are able to accommodate couples as needed increasing the proposed total bed numbers to 30 for the care suites.

Total beds occupied across all premises included in the audit on the first day of the audit: 7



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.

General overview of the audit

Metlifecare Retirement Village Limited – The Poynton Suites are part of Metlifecare which owns approximately 32 retirement villages nationally. The Poynton Suites are being renovated and will total twenty rooms. Seven rooms are currently occupied as independent living suites and care is provided by the home care team. The additional thirteen rooms are being set up in readiness for occupation. All rooms are appropriate to accommodate rest home or hospital level care residents. The Poynton Suites are positioned on the first floor of the retirement village complex.

The conversion to suites is currently under a project team and is in the final stages. The internal finishing was well underway and near completion. The service provider is also seeking approval for dual purpose beds (that is beds suitable for the provision of either rest home or hospital level care residents), at this audit. In addition to dual purpose beds, 10 rooms to be approved for shared room occupancy, for couples only. The opening of The Poynton Care Suites is scheduled for the first week of October

2023. Adequate staff have been appointed to open the service. There is a waiting list of assessed residents to move into the facility once certification and agreement processes are completed.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, interviews with the care home management team, the regional clinical manager, and other staff. A walk through of the care suites was included.

Four areas have been identified that need to be resolved: two prior to occupancy, one related to meeting the requirement for two further registered nurses to be employed to cover for hospital level residents, and the other related to the completion of a fire drill by staff. The other two relate to medication management which cannot be verified until the medication system is fully implemented.

Ō tatou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

The business plan and other assorted documents include the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the regional clinical manager and executives. An experienced aged care nurse has been appointed as the nurse manager and is well supported by the regional clinical manager, a senior registered nurse and the village manager. The nurse manager has been involved with the processes and to prepare the care home for opening.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and business model.

The recruitment of staff was based on current good practice. Orientation and training have been provided for all staff currently employed. The rosters are developed and included a registered nurse on every shift. All registered nurses and New Zealand Qualifications Authority (NZQA) level four caregivers have completed first aid training. An ongoing education programme has been developed that is appropriate to the services to be provided.

Ngā huarahi ki te oranga | Pathways to wellbeing

The care home has a medication room for the storage of medicines, medication distribution trolleys and a designated refrigerator. Comprehensive medicine management policies and procedures were in place. Contracts have been signed for pharmacy services and for the use of an electronic medicine management programme.

The food control plan for the village and food safety policy will continue to be used. The menu has been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary needs and preferences as part of the admission process.

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

The care suites consist of twenty individual suites. Each suite has a full ensuite bathroom with appropriate safety features to maintain residents' independence. The service is located on the first floor of the retirement village. There is a large lounge and dining room. The final internal finishing work is near completion. Furniture, furnishings, and resources were all delivered and were on site.

There are designated areas for safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substance register are already developed, and appropriate risk mitigations implemented. The maintenance manager and team manage this area of service provision. Laundry and cleaning equipment and resources are new. The cleaning service is to be managed by trained housekeeping staff. The laundry for residents' personal clothing will be managed by care staff.

Appropriate emergency supplies are available, along with reference documents for use in civil defence and other emergencies.

A nurse call system has been installed and tested and was accessible in all individual residents' care suites and in all service areas.

Security arrangements include the use of security cameras.

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

There is a documented infection prevention and control programme which includes surveillance for infections. The programme is appropriate to the services to be provided on site. Antimicrobial stewardship and hospital-acquired infections will be monitored as part of the surveillance programme. The senior registered nurse is responsible for the development and implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff will be guided by relevant policies and procedures and supported with regular education.

Here taratahi | Restraint and seclusion

Not applicable to this audit.

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	9	0	2	1	0	0
Criteria	0	78	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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 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 business plan 2023 – 2024 and other assorted documents included the scope, goals and values of the organisation for Metlifecare Poynton, and are documented and accessible for staff. There are processes in place to monitor the services to be provided and reporting of key aspects to the regional clinical manager as required. The service has a focus on ensuring services for tāngata whaikaha are undertaken to improve resident outcomes. The quality plan is developed in readiness for implementation. This was documented explicitly within the business and strategic plan reviewed.</p> <p>An experienced aged care nurse has been recruited as nurse manager and is already well supported by a senior registered nurse recently appointed, the regional clinical coordinator and nurse managers from other Metlifecare facilities that offer care suites (one NM was present at the audit). The nurse manager has already been involved with staff recruitment and preparing the care suites for opening. The care suites, with approval, will consist of twenty care suites in total, providing dual</p>

		<p>rest home and hospital care services. Seven rooms are already occupied service apartments and currently the home support team provide care and support for these residents. There are a further thirteen (13) rooms that are being prepared in readiness for occupancy. There is a current waiting list.</p> <p>The Metlifecare executive board members completed training on Te Tiriti o Waitangi, 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. The nurse manager interviewed has already completed health equity and Te Tiriti training on-line and has made connections with Ngāti Paoa Iwi for the Poynton Suites, and this was displayed on the noticeboard. Other staff already employed have completed relevant cultural competencies and this was verified. Staff currently being recruited will also complete the relevant competencies as part of the orientation programme.</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. There are no identifiable barriers for Māori to access the services. A Karakia Timatanga has been developed for the service.</p> <p>The regional clinical manager interviewed, who participated fully in the audit, was also a Metlifecare clinical governance representative.</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</p>	<p>PA Low</p>	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe resident-centred and family-centred services. The residents will hold license to occupy (LTO) residential care agreements, to occupy the apartments. Acuity of residents will be monitored in relation to staff coverage required by the nurse manager and senior RN. Recruitment of staff is still in progress for the care suites; however, three</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>registered nurses (RNs) including the nurse manager have been employed. A further two registered nurses are needed to provide the required hospital level care 24-hour seven days a week (24/7) cover. Six caregivers have already been employed. Three care staff from the home support service are transferring to this service. The nurse manager interviewed stated that the cleaning team responsible for Metlifecare Poynton Village, would adequately cover the service until a cleaning team is employed specifically for the care suites. Two cleaners will be employed to cover 9 am until 4.30 pm daily.</p> <p>The activities coordinator and a customer-experience coordinator positions are currently being advertised. The activities coordinator will be encouraged to complete level four diversional therapist training; however, this position will be fully overseen by an external occupational therapist contractor. There is also a national dietician for the organisation available to cover this new service, on a referral basis if needed.</p> <p>The on-site laundry will be covered by the care staff in the first instance and only residents' personal clothing will be laundered. All other linen will be laundered off-site.</p> <p>All currently employed staff have first aid certificates and have completed orientation. All team members will be participating in a planned group training session on the 27 September 2023. Staff will be provided with further orientation transitioning to the service. Rosters reviewed verified adequate cover is to be provided.</p> <p>Each staff member will have their own individual personal record set up. The nurse manager and the senior registered nurse will share the after-hours on-call system. The service has already contracted a general practitioner to provide medical cover and services 24/7. The nurse manager and two registered nurses are fully interRAI competent.</p>
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		<p>Metlifecare has their own bureau (Metflex workforce). This is the first option for experienced staff, if staff need to be replaced at any time.</p> <p>All senior staff, including the nurse manager, have completed first aid training. The roster reviewed has the 'first-aider' documented on the roster for each shift. A Careerforce training assessor for the organisation was available. Management is fully committed to ensuring ongoing education is provided to all staff. The staff training calendar was reviewed and covered all mandatory and elective topics required. The employed staff have completed all relevant competencies.</p> <p>The management team, regional clinical manager and nurse manager have completed training on Te Tiriti o Waitangi and health equity. A Māori health advisor was available, contactable and had equity expertise experience to share when and if needed. The nurse manager was fully informed about maintaining ethnicity data and any Māori health advisor input if needed. There is a system developed and implemented for recording all staff education, training and competencies completed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resources management processes. This includes health professionals employed and contracted. A process was in place to maintain the annual practising certificates for all health professionals involved in the service and a record is to be maintained annually. A pharmacy, pharmacist, general practitioner, podiatrist and physiotherapist are all contracted to provide services for residents. Recruitment included a record of staff ethnicity, and police vetting undertaken and recorded. A checklist was available for the nurse manager to complete for each new staff member employed. Staff transferring into the service already have records maintained. Job descriptions are available.</p> <p>With only a few designated roles still to be filled, staff have been employed in readiness for the service to be fully operational after</p>

		<p>approval is provided by HealthCERT. The nurse manager interviewed was assisted by the senior registered nurse and the regional clinical manager for the recruitment process.</p> <p>Orientation has been completed for all existing staff using an orientation pack/workbook for each discipline. Each covered the essential components for this aged care service. A training day will be arranged prior to the official opening for all clinical and non-clinical staff. Staff who have previously been employed by the village setting are well informed about the organisation's practices. The fire drill and fire safety education were to be provided six-monthly and a list of annual and every twenty-four month's training was also planned and provided for review.</p> <p>Staff ethnicities are recorded in accordance with the Health Information Standards Organisation (HISO) requirements. Personal staff records will be stored securely in the nurse manager's office. Staff previously employed by Metlifecare Village have had annual appraisals completed and this will continue.</p> <p>No incidents involving residents and/or staff have occurred, therefore, debriefing and discussion have not been required for individual staff. There was an understanding of this process by the managers interviewed.</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>PA Low</p>	<p>The policy for medication management was current and included all aspects of medicine management and meets legislative requirements. There was one large medication room available. A medicine fridge was available in the medication room. The nurse manager stated that no other items will be stored in this fridge. A separate fridge for laboratory specimens is also available. The medication room and medicine fridge are to be temperature monitored when stocked with medication, and forms and clipboards sighted were to be used to record the daily temperatures.</p>

		<p>A contract was in place with a pharmaceutical provider for the provision of all required medicines. The contractor will be involved with providing staff training as required. The requirements for medicine reconciliation on admission, and review of medicines by the GP at least three-monthly was included in the care planning framework in place.</p> <p>Medicines have been ordered from the contracted pharmacy in readiness for the opening of the facility. Blister packs are to be made up for each individual resident when admitted to the service. An impress system for stock medicines is to be used. The pharmacist will maintain the impress system, and staff can order supplies when and if required.</p> <p>The medication system to be implemented is an electronic system. Staff, including currently employed RNs and caregivers, are familiar with this system in place and have completed the relevant medication competency required to administer medicines. Administration of medication was not able to be audited on the day of the audit. The six caregivers employed, in addition to the competency training, have completed Careerforce training to meet level 4, New Zealand Qualification Authority (NZQA) requirements. The registered nurses will be accountable and responsible for medicine management. The NZQA level 4 caregivers can check medication as needed. RNs were aware of recording any residents' allergies and sensitivities on the medication records and on the electronic clinical records. This cannot be verified until the medication system is implemented, and residents are admitted to the facility.</p> <p>There are policies and procedures associated with management of controlled drugs in line with the Medicine Care Guide for Aged Residential Care. Safe storage was available in readiness, with a locked safe, inside a locked cupboard, inside a locked medication room. Pin code access is required. The RNs are to be responsible for this process, checking any controlled drugs and maintaining the required register. The nurse manager interviewed was fully informed of the responsibilities</p>
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		<p>involved.</p> <p>The contracted general practitioner is to be responsible for each resident's individual medicines from admission to discharge. There is a process in place should a resident be competent to self-administer their own medications. Provision and guidance would be available should this be needed.</p> <p>Metlifecare Limited does not have standing orders as per policy reviewed.</p> <p>The nurse manger was aware of ensuring residents will be fully informed about their medications and what they are used for, and if there are any known side effects. In addition to this, appropriate support and advice for Māori can be provided in relation to treatment if needed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service for the care home is to be provided on-site by chefs, with the support of kitchen assistants. Food will be delivered from the main village kitchen via the lift in hot boxes. The kitchen staff have completed food safety recognised training. The food will be served directly from the kitchen servery in the dining room. Meals will be already plated. Care staff will give out the meals to each resident. All dishes will be returned to the main kitchen after each mealtime. A fridge is on order to be delivered for the kitchen. Once installed, the temperature will be monitored daily. The menu plans reviewed were in line with recognised nutritional guidelines for older people. The menu plans have been checked by the national qualified dietitian, follow seasonal patterns and were planned in monthly cycles.</p> <p>The menu plan will be displayed weekly in the dining room. Residents will be able to choose from the menu what they wish to have for the main meal at lunchtime and the evening meal. Breakfast will be prepared and serviced in the dining room by staff. A positive dining experience for</p>

		<p>residents and maintaining independence will be promoted by staff. The registered nurses, as part of the admission process, complete dietary profiles with all residents and document any likes, dislikes, cultural preferences, allergies and/or any sensitivities to food. These are to be highlighted and a copy given to the kitchen staff. Morning and afternoon teas will be provided.</p> <p>The food control programme includes all aspects of food procurement, production, preparation, storage, transportation, delivery, or any disposal and ensures compliance with current legislation and guidelines. An approved food safety plan was reviewed and displayed (expiry 3 December 2023).</p> <p>The dining room was large and spacious. All dining room furniture was in place on the day of the audit. Adequate lighting was available in the dining room. There was adequate room to replace chairs with wheelchairs if required. There was a designated area for walkers and wheelchairs to be stored in the dining room. Care staff will assist those residents who may require assistance with their meals.</p> <p>When a Māori resident is admitted to the service the service provider understands to respect and support cultural beliefs, values, and protocols around food. Menu options will be made available to meet the needs of Māori residents and their whānau.</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</p>	<p>FA</p>	<p>The certificate for public use (CPU) was dated 28 July 2023. The building warrant of fitness displayed was dated expiry 7 July 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme in place managed by the maintenance manager and team, who have followed the care suite project throughout. The maintenance manager was present during the audit. The nurse manager has been working collaboratively with the maintenance manager in readiness for the official opening of the home, to ensure all</p>

<p>people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>equipment and resources are safely installed and are accessible.</p> <p>There are a significant number of storage areas for the care home to utilise. An inventory of all new electrical equipment has been developed. New standing and transfer hoists have been purchased. The care suites do not have ceiling hoists installed, but there is room in the care suites for mobile hoists to be used if needed. The records for hot water monitoring to be performed monthly were in place. Heat pumps are available in each care suite and throughout all service areas.</p> <p>There are twenty care suites in total. Seven care suites are currently occupied as independent living suites (serviced suites) and are currently managed by the village care staff. The application for certification of the twenty rooms is to include these seven rooms as part of the care suite. In addition to the seven care suites currently occupied by retirement village residents, two further care suites were fully set up to view. All furniture was available on site, for each room to be fully furnished and set up prior to occupancy. Residents will be able to personalise their individual room on admission. All care suites have external windows for ventilation. The rooms are spacious and clearly would accommodate the use of hoists, wheelchairs and other equipment needed for hospital level residents. Ten care suites sighted are large enough to accommodate couples if needed. Screening is available for privacy in each room.</p> <p>Appropriate flooring was installed throughout the care home. Each individual care suite has an ensuite. Safety rails are installed to maximise residents' independence. Additional staff showers/toilets/locker room facilities are provided, and visitor toilets are accessible.</p> <p>The lounge is spacious with appropriate seating. The dining room is open-plan close to the main lounge area. The tables and chairs in the dining room are comfortable and appropriate for residents to enjoy the dining experience. The dining room is located next the kitchenette and</p>
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		<p>service area. The dining room is large enough to accommodate 30 residents as needed with adequate room for wheelchairs at tables if, and when needed.</p> <p>Consultation was sought by the organisation Metlifecare Poynton with Māori health advisory input throughout the total development process of this new build, to ensure the design and environment would reflect the identity of Māori. There are paintings and other works of art installed throughout the facility for residents and family/whānau to enjoy.</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>	<p>PA Moderate</p>	<p>The evacuation plan for the care suites had been submitted but not yet approved by Fire and Emergency New Zealand (FENZ) at the time of the audit, however this has since been finalised and the letter sighted post audit. The notification that the evacuation scheme has been approved by FENZ is dated 29 August 2023. A fire drill was completed for the village two weeks prior to the audit. Another fire drill will be undertaken when all care suite staff have been employed and prior to occupancy. An evacuation folder has been prepared in readiness. Emergency procedures are documented and kept in the manual for staff to access. The registered nurses and level 4 care staff have completed first aid training, and training also included basic adult cardiopulmonary resuscitation (CPR). A staff programme is set up in readiness.</p> <p>Civil defence emergency alternative resources and amenities are available including water, a barbecue, emergency power and lighting. Torches, blankets, continence supplies and other emergency resources are available. A checklist of resources was available and regular checks will be undertaken when the service is operating. Emergency food supplies were viewed in the kitchen and are managed by the kitchen staff. There is no generator on site.</p> <p>A call bell system was fully installed by the bedside in each care suite, and in the ensuite bathrooms, as sighted. Safety for residents is</p>

		<p>paramount and has been fully considered for the care suites.</p> <p>Closed-circuit television (CCTV) is in operation internally and externally and signage was installed. Night porters are employed 7 pm to 7 am seven days a week. Staff will have swipe card access to the building and care suites. An electronic signing in and out of the facility for visitors and contractors is installed as a health and safety measure on the ground floor. The care suites are located on the first floor. There are outside areas that residents/families will be able to enjoy. Staff interviewed wore name badges for identification purposes.</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 regional clinical manager and nurse manager interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and have included IP as part of the quality and risk management programme. There was a commitment in the policy and business plan that governance fully supported and was committed to ensuring any relevant issues are dealt with efficiently in relation to IP and AMS. Both the nurse manager and the senior registered nurse are experienced and understand the processes involved.</p> <p>Expertise is accessible for guidance for both programmes if required. The organisation has an external contracted provider to manage all aspects of IP for all services. The nurse manager has been consulted through all stages of the care suite development project as needed from an infection prevention perspective. Any issues identified were reported and dealt with accordingly. Strategies are in place in the event of an IP outbreak or pandemic occurring.</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.</p>	FA	<p>The IP and AMS programmes are developed for the size and complexity of the service offered, have been signed off by management, and are already linked to the quality and risk management system. A review of the programme is planned annually. The IP and AMS policies and procedures are fully developed in readiness for the service commencing.</p>

<p>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>Legislative requirements and references are acknowledged.</p> <p>Infection prevention and control training was already provided to existing staff, and new staff will complete the required competencies as part of the orientation process.</p> <p>The senior registered nurse is to be the IP coordinator and has already completed relevant training to perform this role. The experienced nurse manger is fully informed of the requirements for aged residential care settings. Infection prevention was included in the internal audit schedule reviewed. When the service opens and residents are admitted, the nurse manger and senior registered nurse will have access to the clinical records. Metlifecare has a national infection prevention nurse lead who can be contacted as needed for advice.</p> <p>The pandemic outbreak plan was available. There were adequate supplies of personal protective equipment (PPE) and a specific storage space has been allocated. Checklists of resources are developed in readiness to ensure supplies are maintained. Signage was available when needed.</p> <p>Disposable resources for infection prevention, such as dressing packs, dressings, and catheter packs have been purchased. There was no provision for sterilisation of instruments as all are to be disposable. Processes are documented for cleansing of re-useable medical devices after use. The processes included the recommendation of the manufacturer and best practice standards. Any single-use medical devices are not to be reused as per the policy sighted. Infection prevention signage, for example, hand hygiene protocol and signage, was sighted, displayed, and translated into te reo Māori.</p> <p>Advice was sought from an IP perspective throughout all stages of the planning and refurbishing of the new facility. Tikanga best practices are</p>
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		known to all staff and are part of the training and competencies to be completed by all staff.
<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 antimicrobial stewardship programme documents and national guidelines are based on good practice. They are personalised to and are appropriate for use in this care home.</p> <p>Responsible use of antimicrobials is to be promoted. The effectiveness of the AMS programme is to be evaluated by monitoring antimicrobial use and identifying areas for improvement. The developed programme reviewed was appropriate for the size and nature of the aged residential care service. The nurse manager stated that access will be available to resident clinical and laboratory results as needed. A contracted laboratory service has been arranged to cover the care home.</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 surveillance programmes already developed included surveillance of health care-associated infections (HAIs). The surveillance programme reviewed is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection prevention and control programme. Surveillance will be undertaken monthly by the senior RN, and information collated will be sent to the contracted infection prevention service provider. Ethnicity data will also be collected by staff. Information will be fully analysed and benchmarked against other services in the organisation. Once the graphs and results are received, these will be shared with staff.</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</p>	FA	<p>A clean and hygienic environment supports prevention and transmission of antimicrobial organisms. Cleaning staff are available to provide the cleaning service until a cleaning team of two staff members are employed. New staff will be trained for the role. There was a cleaner's room sighted which was large and is able to accommodate the cleaning</p>

<p>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>		<p>trolley, when not in use. A hand basin is available in the cleaners' room for staff to access. A refillable product station was accessible for the cleaning staff to access. Signage was available. Adequate storage for all equipment and resources was available. Material data sheets for all products used for the cleaning and laundry services are provided and are accessible.</p> <p>The laundry system was being installed for care staff to manage the residents' personal clothing. All other linen is to be sent off-site to the Metlifecare Limited commercial laundry. Two commercial washing machines and four clothes dryers are currently being installed. There are clean and dirty designated areas in the laundry. Ironing facilities are set up in readiness. The linen cupboards will have key-pad access as well as to the laundry and cleaning rooms. All utility rooms will be locked when not in use.</p> <p>There are policies and procedures to follow for the management of waste and infectious and hazardous substances. Service providers are contracted for the removal of waste, and this is reflected in the policies reviewed. Storage for chemicals is labelled and appropriate. The regional clinical manager has had input as needed into the building and environment throughout the project. A second lift is being installed and this will be the exit for the soiled and clean linen system when completed. The main lift will be used in the meantime. Environmental and infection prevention is included in the internal auditing programme.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The nurse manager and three registered nurses have been employed however, a further two registered nurses are yet to be employed to cover the roster, to meet the 24/7 requirements for hospital level care to be provided.	The nurse manager and three registered nurses have been employed, however a further two registered nurses are yet to be employed to cover and meet the 24/7 requirements for providing hospital level care for residents.	<p>To ensure two further registered nurses are employed for hospital level care to be provided</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	An electronic medication system has been arranged and is set up for Poynton Suites. Staff responsible for administration of medicines have completed the relevant training required. There were no residents in this new care facility to evidence implementation of the medication system.	A medication management system has been prepared in readiness for this aged care service and staff have been trained but the system is yet to be fully implemented.	<p>Ensure the medication system is implemented when residents are admitted to the service.</p> <p>180 days</p>

<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicine-related allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Low</p>	<p>The registered nurses and nurse manager are well informed and aware of the responsibilities to record medicine-related allergies or sensitivities and respond appropriately. There were no resident records to verify this occurs.</p>	<p>Resident medication records and clinical records were not available at the time of the audit to verify that the system to identify residents' medicine-related allergies or sensitivities are managed as required.</p>	<p>Ensure residents' medication records identify any medicine-related allergies or sensitivities and that they are documented on the medication record or 'Nil known' is recorded, as appropriate.</p> <p>180 days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Moderate</p>	<p>Fire and emergency resources are available in the Poynton care suites. The nurse manager interviewed has fire training competency prepared in readiness for staff to complete. Training is planned once all staff are employed. In addition to this training, a fire safety drill will be organised for all staff to attend prior to the service commencing. Thereafter, the drills will be held regularly six-monthly and records will be maintained.</p>	<p>The nurse manager has prepared in readiness fire safety training competencies. When all staff are employed for this new service a fire drill is to be arranged for all staff to attend. The fire safety contractor will be in attendance.</p>	<p>Fire safety training is provided to all staff prior to the service commencing.</p> <p>Prior to occupancy days</p>

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.