

# Metlifecare Retirement Villages Limited - Metlifecare Somervale

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## 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Metlifecare Somervale
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 November 2023      End date: 23 November 2023
<b>Proposed changes to current services (if any):</b>	Reconfiguration of the certified services provided at Metlifecare Somervale by the addition of 16 care suites, suitable for couples and all having the ability to provide rest home or hospital level care.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	62

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# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou 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 haumarua | 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 Somervale care home (Somervale) currently provides rest home and hospital level services for up to 69 residents. The service has plans to reconfigure 16 serviced apartments, across two floors, into care suites. The care suites are attached to the main facility on both levels. Somervale have currently reconfigured eight of 16 serviced apartments to care suites with the intention of reconfiguring the remaining eight, once the residents residing in them move out or require care services. All suites have been designed as dual service (rest home or hospital care) and all (including the ones that will remain serviced apartments for the foreseeable future) are of approximately the same size. The service has requested that couples be allowed to cohabit in the care suites, but the bedrooms of the care suites currently reconfigured are too small to allow for cohabitation.

This partial provisional audit has been undertaken to establish the level of preparedness of Somervale to offer dual care services, rest home and hospital, in the proposed new care suites. The service already offers rest home and hospital services in its main facility. A new business and care manager has been appointed for the service to oversee day-to-day management of the facility;

they will be supported by two senior registered nurses who will have clinical oversight of the facility (one on each floor). The service is proposing to accept residents into the care suites in February 2024.

Prior to occupancy of residents into the proposed care suites, the facility is required to show that the building warrant of fitness in place has been reviewed to take account of the change of use for the area (from serviced apartments to care suites), that the fire and emergency evacuation scheme has been approved by Fire and Emergency New Zealand, and that Somervale have staffing available to meet the proposed roster for the extended service.

## **Ō tātou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body will continue to assume 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 tāngata whaikaha (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, and this will extend to the reconfigured services in the care suites.

Staff are appointed, orientated, and managed using current good practice. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery.

## **Ngā huarahi ki te ora | Pathways to wellbeing**

Medication management policies and procedures reflect current good practice and legislative requirements. Medication is currently being managed electronically and administered by staff competent to do so. Medication management processes are already in place to manage the extended needs once there are residents in the proposed new care suites. There are secure rooms for the storage of medication in the main facility and the temperature of these are monitored.

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

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

The facility meets the needs of residents and was clean and well maintained. Electrical equipment has been tested as required, including new equipment purchased for the care suites. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

The proposed care suites have been reconfigured from serviced apartments to manage rest home and hospital level care. Equipment has been purchased to support both rest home and hospital levels of care.

Staff have been trained in emergency procedures, use of emergency equipment and supplies, and they attend regular fire drills. Staff understood emergency and security arrangements. New staff are orientated to the service with well-established protocols. Documentation supports timely staff response to call bells. Security is maintained including into the proposed new care suite areas.

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

Metlifecare as an organisation ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately

resourced. An infection prevention and control resource nurse leads the programme at Somervale. The infection prevention and control resource nurse and the national infection prevention and control lead have been involved in building and procurement processes as part of the reconfiguration process.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team has approved the infection control and pandemic plan. Current staff were observed to be following good principles and practice around infection control and were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required, and this will be extended to support care delivered into the proposed new care suites.

The environment supports prevention and transmission of infections. Waste and hazardous substances were observed to be well managed. Safe and effective cleaning and laundry services were in place.

## **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	3	0	0	0
Criteria	1	81	0	3	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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 will continue to assume accountability for delivering a high-quality service. Māori representation at Board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a disability policy statement for tāngata whaikaha.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing of 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 an assistant care manager in place who will soon transition to another (nearby) facility. A new manager has been appointed to manage the Somervale service who</p>



		<p>has significant experience of managing in aged care. The manager will commence employment on 27 November 2023 and will be supported by two experienced senior registered nurses who are already employed within the service. The manager will also be responsible for another care facility nearby (eight hours per week). The assistant care manager, registered nurses, and the regional clinical manager interviewed confirmed knowledge of the sector, regulatory and reporting requirements and all maintain currency within the field.</p> <p>External support for te ao Māori and Pacific peoples is available through staff who identify as Māori and Pasifika and who have been appointed as cultural advisers for the service and the wider Metlifecare (MLC) organisation. In addition to this, support for Māori can be managed through the connections Somervale currently has to a kaumatua tāngata whenua group (Ngati Ranginui – Bay of Plenty, Ngati Rangatihi – Te Arawa, Ngati Awa – Kawerau, Ngai Te Rangi – Makatana Island, and Ngati Tai – Hauraki). This is supported by health plans to include specificities aligned with Te Whare Tapa Whā and Fonofale models of care, as well as health plans to support people from other ethnic backgrounds. Staff currently employed by Somervale have completed health equity, equality, and diversity and inclusion training in 2023.</p> <p>Metlifecare board minutes 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. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, internal audit, staffing, infection control and antimicrobial use, and all other aspects of the quality and risk management plan. Critical and significant events are reported immediately. The Somervale management team also evaluates services through meetings with residents and their whānau, and through surveys from residents and whānau. The service already supplies these safeguards to the services being delivered in the facility and will continue to do so once the reconfiguration of the serviced apartments to care suites is approved.</p> <p>The service already holds contracts with Te Whatu Ora – Health New Zealand Hauora A Toi Bay of Plenty (Te Whatu Ora Bay of Plenty) for the provision of rest home and hospital level services. Services in the 16 proposed care suites will be provisioned to provide rest home and</p>
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		<p>hospital care services based on the age-related residential care services agreement with the suites bought under an occupation right agreement (ARRC in ORA). The service also holds contracts for long-term support-chronic health conditions (LTS-CHC) and short term (respite) care. Te Whatu Ora Bay of Plenty also funds and maintains clinical oversight for four transitional care beds at the facility. Sixty-two (62) residents were receiving services at the time of audit, 23 receiving rest home services, 36 receiving hospital level services, and one respite (hospital care). No residents were receiving LTS-CHC support. Two of the transitional beds were in use, both at hospital level care. The service is proposing to accept residents into the care suites in February 2024.</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>	PA Low	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care for the current service, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity and acuity. Staff interviewed reported there were adequate staff to complete the work allocated to them and were aware that more staff are being employed to support the proposed new care suites. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the facility.</p> <p>Proposed rosters show that staffing will be increased to support care to be provided in the proposed new care suites. Staffing will be increased by one senior medication-competent caregiver in the morning, afternoon, and a caregiver (not necessarily medication competent) on night shift. Current RN staffing will be utilised for the service at its inception with a view for this to be reconsidered (as per MLC's acuity tool) depending on the numbers of residents in the proposed care suites and the acuity of the residents. Registered nurses interviewed reported that they had the capacity to start the service with review at a later date. Caregivers for the extended service have not yet been employed, but recruitment to fill the proposed roster has commenced (refer criterion 2.3.1). A diversional therapist and activities assistant manage the recreation programme five days per week. Domestic (cleaning and laundry) services are carried out by dedicated support staff seven days per week. Food services are contracted. Support staff also includes a</p>

		<p>receptionist, maintenance, and gardening staff.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.</p> <p>Education is planned on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training requirements are included. Records reviewed of seven files of current staff within the service (including the RNs who will work in the extended service area) demonstrated completion of the required MLC orientation, training, and competency assessments. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency, first aid, and syringe driver training. There are sufficient nurses with interRAI competency, first aid certification, and syringe driver competency in the service to cover the care needs of residents in the proposed care suites.</p> <p>Metlifecare has a staff welfare programme in place that includes counselling services, birthday leave, and wellness leave (three days per year). There are policies and procedures in place around wellness, bullying, and harassment. Staff interviewed reported feeling well supported and safe in the workplace.</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</p>	FA	<p>Human resources management policies and processes at MLC are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver care into the proposed new care suites. There are job descriptions in place for all positions (including for restraint and infection prevention and control) which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, completed orientation, and performance monitoring.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance) dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards. There are currently Māori and Pasifika staff working in the service.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the general practitioner, physiotherapist, pharmacist, podiatrist, and dietitian).</p> <p>Staff entering into the service will take part in the established MLC orientation and training programme already established and implemented. The orientation programme covers induction into the service, competencies required (e.g., medication (if applicable). moving and handling of residents, infection prevention and control (includes outbreak management and personal protective equipment usage), the Code of Rights, restraint, and fire and emergency management). Completion of orientation was signed in three files with one partially completed. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. 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</p>

		<p>documented. A new medication trolley was available to support the potentially increased number of residents, and this is stored in a secure medication area. Controlled medication will be managed from current controlled medication safes in the facility.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. All staff who administer medicines are competent to perform the function they manage. Prescribing practices meet requirements.</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 initiative aimed at reducing the number of medicines a resident is prescribed to minimise the opportunity of interactions and side effects has resulted in a continued reduction in the use of PRN antipsychotic medication, identified as an area of continuous improvement at the last audit, without compromising residents' wellbeing. This has been maintained (refer criterion 3.4.1).</p> <p>The required three-monthly general practitioner review was consistently recorded on the medicine charts sighted for current residents; the protocols will be extended to any new residents who enter the proposed care suites. Standing orders are not used at Somervale. Self-administration of medication is facilitated at Somervale with appropriate assessments and administration records documented. Residents are supported to understand their medications. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The food service provided at Somervale is in line with recognised nutritional guidelines for older people. The proposed new care suites

<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>have space within the suite for private dining or residents can join in with the dining options provided by Somervale. Food is already being supplied to the residents in the proposed care suite area from the main kitchen; any change to the provision of care into the proposed care suites will not affect food delivery services.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu was reviewed by a qualified dietitian on 13 March 2023 with no recommendations for change made. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 3 December 2023. No areas requiring corrective action were identified. The plan was verified for 18 months.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. There are specific Māori/Pasifika food options available as part of menu planning.</p> <p>Evidence of residents' current satisfaction with meals was verified by residents and whānau satisfaction surveys and resident and whānau meeting minutes. Residents already in the facility were noted to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 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</p>	PA Low	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas, and all were in range. There is a process in place to identify deficits and manage remediation. There are environmental and building compliance audits completed as part of the internal audit schedule.</p>

<p>of belonging, independence, interaction, and function.</p>	<p>The building has a building warrant of fitness which expires on 23 October 2024, but this has not been reviewed to take account of the refurbishment of the care suites from serviced apartments (refer criterion 4.1.1). Metlifecare are aware of the requirement to consult and co-design with Māori for any new build in the future. Māori signage and art were seen in the area.</p> <p>The current environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces within the facility are culturally inclusive, suit the needs of the resident groups and have lounge facilities with shared dining areas. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff, and an accessible facility for visitors.</p> <p>Eight of the proposed sixteen care suites proposed to be occupied under ARRC in ORA contracts, are currently occupied as serviced apartments. The remaining eight are empty and have been refurbished and reconfigured to provide dual (rest home and hospital) care. Room refurbishments included the installation of ceiling hoists in all suites and allow space for the use of resident's mobility aids. The care suites have ensuites which contain a walk-in shower, toilet and handbasin and a small kitchenette for the use of the residents and/or their whānau. All rooms, bathrooms, and common areas throughout the facility, including the care suites, have appropriately situated call bells. Metlifecare has requested that the proposed care suites be available for two-person accommodation (couples), but the bedroom area is of insufficient size to accommodate two people. There is also only one call bell in the bedrooms of the care suites where dual occupancy has been requested.</p> <p>Rooms can be personalised according to the resident's preference. All of the proposed care suites have external windows which can be opened for ventilation; safety catches are in place. Heat pumps for heating and cooling are installed. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents currently in residence were observed moving freely around the areas with mobility aids during the audit. Care staff interviewed stated they have adequate equipment to safely deliver care for residents and sufficient to manage</p>
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		any extra residents who are admitted into the proposed care suites.
<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>	PA Low	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff currently in the service have been trained and knew what to do in an emergency. The current fire evacuation plan was certified to continue in the short term by Fire and Emergency New Zealand (FENZ). The continuation was to take in the changes to service proposed; however, not all the requirements of the fire and emergency plan have been completed (refer criterion 4.2.1). The requirements are reflected in the Fire and Emergency Management Scheme. All areas have wired smoke alarms and sprinklers in situ.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There are sufficient supplies readily available, including water, to manage the increased number of residents in the proposed care suites.</p> <p>Call bells are in place to alert staff to residents requiring assistance (refer subsection 4.1). Appropriate security arrangements are in place and there is an implemented process to explain emergency and security arrangements to all people using the services. 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</p>	FA	<p>The governing body of MLC has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (e.g., COVID-19, respiratory and gastric infections, and other outbreaks) and any corrective actions arising from deficits identified. 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</p>



<p>regional concern.</p>		<p>levels through the clinical team, the clinical management team, the MLC IPC national lead, and through the clinical governance team to the MLC board. Any change in services from the proposed care suites will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current residents in the service.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There was a resident in the facility on the day of audit, on the last day of isolation with COVID-19. The resident had been isolated, with outbreak precautions put into place (including the use of PPE and COVID-19 surveillance testing). Staff in the care area were wearing N95 masks for safety. There had been no further spread of COVID-19 in the facility. The pandemic/infectious diseases response plan is reviewed post-outbreak to identify any lessons learned (no corrective action was required). There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</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>	<p>FA</p>	<p>The IPC resource nurse is an RN (IPCRN) and is responsible for overseeing and implementing the IP programme with reporting lines to the facility manager, the regional clinical manager (RCM) and the MLC IPC national lead. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN has appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Advice was sought from the IPCRN and MLC IPC national lead prior to and during the refurbishment of the care suites, and when making decisions around procurement relevant to care delivery, other facility changes, and policies.</p> <p>The IPC policies and procedures reflected the requirements of the standard. They are provided by MLC's clinical governance group and are based on current accepted good practice. Cultural advice is sought where appropriate. Staff were familiar with policies and procedures</p>

		<p>through education during orientation and ongoing education and were seen to follow these correctly. Policies, processes, and audits ensure that reusable and shared equipment is decontaminated using best practice guidelines. Single use items are discarded after being used. Educational resources, including a range of brochures, are available and accessible in te reo Māori.</p> <p>The pandemic/infectious diseases response plan is documented and will be evaluated following the recent COVID-19 infection, this is standard practice in MLC facilities. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff are trained in their use. The IPCRN reported that residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Metlifecare as an organisation is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use, identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes. They are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme is already embedded into the service and will be extended into the proposed care suites when residents are admitted.</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</p>	FA	<p>Surveillance of health care-associated infections is currently being undertaken at Somervale. It is appropriate to surveillance activities recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Somervale uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any</p>

<p>multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and at governance and clinical governance level. Surveillance data includes ethnicity data and antibiotic use. Culturally clear processes are in place to communicate with residents and their whānau, and these are documented. Results of surveillance are benchmarked with other MLC sites and reported per 1000 occupied bed days; in addition, results are benchmarked to a number of other healthcare providers in New Zealand.</p> <p>The Regional Public Health Unit (RPH) and Te Whatu Ora Bay of Plenty were informed of the current COVID-19 outbreak. Investigations and appropriate interventions to minimise ongoing transmission were undertaken.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment was sighted that supports prevention of infection and transmission of antimicrobial-resistant organisms at Somervale. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances and to those caring for the resident currently with COVID-19, and those who perform cleaning and laundering roles. Staff were observed to be using this as part of their duties during the audit.</p> <p>Safe and secure storage areas for chemicals were available; staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Material Data Safety Sheets are available to staff for emergency use. Sluice rooms are available for the disposal of soiled water/waste. Hand-washing facilities and hand sanitisers were readily available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances, cleaning and laundry. The IPCRN has oversight of facility testing and the monitoring programme for the facility. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to</p>

		be carrying out their duties safely.
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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	Recruitment has commenced to fill the proposed roster for the delivery of care in the proposed care suites. Recruitment for three caregiver staff members has commenced. There are currently insufficient staff employed to fill the proposed roster.	There are currently insufficient staff employed to fill the proposed roster for the extended service into the proposed care suites.	<p>Provide evidence that there are sufficient staff employed to fill the proposed roster for the extended service into the proposed care suites.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The building has a building warrant of fitness which expires on 23 October 2024, but this has not been reviewed to take account of the change of use of the space following the refurbishment of serviced apartments to care suites.	The building warrant of fitness has not been reviewed to take account of the change of use of the space following the refurbishment of serviced apartments into care suites.	<p>Provide evidence that the building warrant of fitness has been reviewed to take account of the change of use of the space due to the refurbishment of serviced apartments into care suites.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>The current fire evacuation plan was certified to continue in the short term by Fire and Emergency New Zealand (FENZ) on 2 November 2023. The continuation was to take in the changes to service proposed as outlined in the fire and emergency plan; however, the service has yet to install two fire doors (the delivery of which has been delayed) as required by the fire and emergency plan.</p>	<p>Fire doors have not yet been installed as per the fire and emergency plan. The plan has not been fully approved by FENZ following installation of the fire doors.</p>	<p>Provide evidence that the fire doors have been installed as per the fire and emergency plan, and that the plan has been fully approved by FENZ following installation of the fire doors.</p> <p>Prior to occupancy days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this 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	The service initiated a quality improvement project prior to the last audit (15-16 May 2023) which was related to 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.	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 and further to five in August 2023. The service continues a rigorous process of reviewing residents' PRN antipsychotic medications. Routine monthly reviews by the NM, RNs, pharmacist, 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

			<p>were identified for a comprehensive medication review with the main aim to consolidate and discontinue medications that may not be appropriate. The clinical team, including the 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.