

Metlifecare Retirement Villages Limited - Greenwich Gardens Care Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Greenwich Gardens Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 May 2022 End date: 31 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Metlifecare Greenwich Gardens Care Home provides rest home and hospital level services for up to 48 residents.

This certification audit included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, the governance group, regional and local managers, staff, contracted allied health providers (a physiotherapist and occupational therapist) and a general practitioner. The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines.

Strengths of the service, resulting in continuous improvement ratings, related to the registered nurse leadership programme at Metlifecare Greenwich gardens and the activities programme.

Ō tatou motika | Our rights

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

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Metlifecare Greenwich Gardens supports a Māori world view of health in service delivery through education, tikanga guidelines and access to cultural advice/support for residents and families/whānau. The nurse manager and team leaders (registered nurses) collect data that reflects the diversity of the residents and staff.

Residents and their families/whānau are informed of their rights according to the Code of Health and Disability Services Consumer Rights (the Code) and these are upheld. The rights are displayed at both entrances and in each of the four 'pods' in the facility in English, te reo Māori and New Zealand Sign Language (NZSL). Personal identity, independence, privacy, and dignity are respected. Residents are free from abuse.

Residents and families/whānau receive information in an easily understood format and feel listened to and included when making decision about care. There are good systems in place around open communication and open disclosure. Interpreter services are provided as needed. Family/whānau and legal representative are involved in decision making that complies with the law. Advocacy directives are followed when required.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifying trends to make improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is a person-centred approach to care for residents and family/whānau from the beginning to the end of their journey at Metlifecare Greenwich Gardens. An admission pack is provided to the residents and family/whānau on admission with relevant information.

The facility works in partnership with the residents and their family/whānau to assess, plan, implement, and evaluate care. Care plans are resident-directed, based on individual needs, and changed as required. Residents' files reviewed demonstrated that residents are assessed, and appropriate care is provided and evaluated by the registered nurse with input from other members of the team, in a timely manner. All changes are documented accordingly.

Medicines are safely managed and administered by staff who are competent to do so.

The facility has an approved food safety programme. The menu follows a three-monthly cycle, and it is reviewed by the dietician every three months. It is appropriate for aged residential care. Individual residents' needs, including preferences, allergies, modified meals, and cultural needs are identified and met.

Residents are referred or transferred to other health services as required. Residents and family/whanau interviewed stated their satisfaction with transfer to and from the public hospital on admission to the facility.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body and management staff at Metlifecare Greenwich Gardens ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection coordinator is involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative intervention.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	157	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Metlifecare Greenwich Gardens (Greenwich Gardens) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake is respected. Residents and family/whānau interviewed reported that staff respected their right to self-determination, and residents identifying as Māori reported feeling culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were no Māori residents in the facility during the audit. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a</p>

		<p>management level. There were no staff who identified as Māori at the time of audit.</p> <p>The service has links with a Māori health support through the DHB and other tangata and (local) mana whenua organisations.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>MLC Greenwich Gardens identifies and works in partnership with Pacific communities. There is a draft Pacific Health Plan to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There is support for Pasifika residents via staff who identify with differing Pacific peoples and through a number of local Pasifika organisations.</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the Code of Health and Disability Service Consumers' Rights (the Code) and were observed caring for residents in accordance with their wishes, promoting independence, and respecting their cultural beliefs, values, protocols, and knowledge.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Service (Advocacy Service) as information was provided in their admission pack. Posters are seen at the entrance of the facility, in the lift and in the dining room. The Code is also discussed at residents' meetings and was observed in the minutes of those meetings. Residents said they were fully aware of who they can go to if they were not happy about anything, and the residents and family/whānau were satisfied</p>

		<p>that their needs were being met.</p> <p>The Code was displayed in English, te reo Māori and New Zealand Sign Language (NZSL) at the entrance/reception area of each of the four pods. There are also brochures on the Code, advocacy, and the complaints process in the reception/entrance. Staff undergo training on consumer rights and the Code during their orientation at the commencement of their employment. There is a policy in place that identifies the need for cultural safety and competency for staff.</p> <p>One resident asked for a Code of Rights pamphlet as a reminder since he felt overwhelmed during the admission process and had forgotten.</p> <p>At the time of the audit there were no residents who identified as being Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>MLC Greenwich Gardens provides care for residents that is inclusive and respects their identity and their experiences. Residents interviewed confirmed they are provided with opportunities to identify any individual spiritual, cultural, or other needs they have on admission, and that they receive services in a manner that has regard for their dignity, privacy, sexual orientation, spirituality, and independence.</p> <p>Staff were observed to maintain privacy throughout the audit. Residents were in single rooms with their own ensuite and a curtain at the door so they can keep their doors open and maintain some privacy. Staff were observed to knock on residents' doors prior to entry and ask if the door should be left open or closed.</p> <p>Staff members complete cultural competencies as part of mandatory training and RNs have access to the local DHB kaumatua for advice and support on the provision of culturally appropriate services, where necessary. The activities coordinators (AC) are currently planning an event that will highlight Matariki which is a first for the facility. Tāngata whaikaha have access to te ao Māori as required.</p>

		<p>There is signage on the doors and around the facility in te reo Māori as well as NZSL.</p> <p>Te Reo Maori and tikanga Maori are promoted within the service through staff training and activities programmes with residents.</p> <p>There is regular resident, family/whānau satisfaction surveys which give opportunities for feedback about residents' experiences, including food, activities and staff training.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood Greenwich Garden's policy on abuse and neglect, including what to do should there be any signs. Residents and family/whānau reported that their property and space were respected.</p> <p>Staff were aware of the requirements established by MLC nationally in relation to expected staff behaviours and conduct. Education covers Te Tiriti o Waitangi and the protection of residents from institutional racism. Professional boundaries are maintained.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau interviewed confirmed that all communication was open and effective with words including 'informative' and 'reassuring' used to describe staff communication. They confirmed that they received information in a manner that they understood both written and orally. There was evidence of open disclosure. Families/whānau are informed of any adverse events affecting their loved ones in a timely manner and were involved in updates on medical reviews.</p> <p>Staff are aware of how to access interpreter services should this be required. At the time of the audit there were no residents requiring an interpreter.</p> <p>Residents' notes reviewed, along with interviews with staff, medical professionals, and residents, demonstrated other agencies involved in residents' care was professional, timely, open, and appropriate.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents are provided with the information to make informed choices related to their care at Greenwich Gardens. At interview they confirmed that they are asked about their preferences for activities, and their input is sought for their initial care plans, and when these are evaluated.</p> <p>Admission agreements are signed on admission, and included informed consent and authorisation for vehicle transportation, photos, information about use of CCTV in communal areas and public areas, and use of residents' information for newsletters. Where residents are unable to sign admission agreements, there is a process to allow these to be signed by their enduring power of attorney (EPOA).</p> <p>Decisions about resuscitation are made in conjunction with the resident and their general practitioner (GP). All files reviewed included signed documents identifying the residents' status on resuscitation and this is reviewed six monthly. EPOA documents were also included and discussed. Seven out of eight files reviewed had an EPOA. One was activated at the time of the audit and included the appropriate documentation to support activation. Establishing and documenting EPOA requirements for residents unable to consent were understood by the RNs interviewed.</p> <p>Staff members interviewed understood the principles of informed consent. Where advance directives are in place, these are respected.</p> <p>Residents confirmed that they received suitable information during COVID-19 lockdowns, if there was an outbreak with residents or staff, and what was expected of them during that time. At the current national COVID-19 setting, family/whānau can visit at any time providing an appointment is made, and they return a negative rapid antigen test (RAT) result. If family/whānau are unable to access these at home, then a RAT will be done on site, prior to visiting.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Rights. Residents and family/whānau understood their right to make a complaint and knew how to do so.</p>

<p>I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from an external source since the last certification audit. Other complaints (12) related to resident care, delays in answering a call bell, meals, and caregiver communication. With the exception of one complaint which remains open, all complaints were managed as per the organisation's complaints procedure, appropriate action was taken, and the issue resolved with the complainant in a timely manner.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service but does not currently have meaningful Māori representation at Board level, nor has equity for Māori and tāngata whaikaha been fully addressed (though this work has now commenced). The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals do, however, aim for integrated service delivery and mana motuhake values are embedded into levels of practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified village manager to manage the service with the support of a nurse manager who is responsible for clinical services. External support for te ao Māori and Pacific peoples is available through the ADHB, the wider MLC organisation, and from staff.</p> <p>MLC board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the MLC board of directors showed adequate information to monitor performance is reported.</p> <p>The village and nurse manager have both been employed within aged care for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. Both maintain currency within</p>

		<p>the field.</p> <p>The management team work with staff to meet the requirements of relevant standards and legislation.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed adequate information to monitor performance is reported. The Greenwich Gardens management team also evaluates services through meetings with residents and their family/whānau (though these have been disrupted due to the COVID-19 pandemic), and through surveys from residents and families/whānau, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>The service holds contracts with ADHB for the provision of rest home and hospital level services, and with the Accident Compensation Corporation (ACC). Forty-four (44) residents were receiving services at the time of audit, 14 receiving rest home services and 30 receiving hospital level services (this includes two ACC clients).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The regional clinical managers (RCM) and nurse manager (NM) understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident and family/whānau satisfaction surveys (2022) were primarily favourable with corrective actions raised where deficits in service were identified. The only corrective action from the survey related to meals and this has been addressed.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The NM understood and has complied with essential notification reporting requirements. There have been 15 section 31 notifications completed since the last audit. These related to pressure injuries (seven), residents wandering away from the premises who were unable to find their way back (five – three from two residents), COVID-19 (one), a non-COVID respiratory outbreak (one), and a change of governance (to MLC).</p> <p>Staff have input into the quality programme through clinical, general staff, infection control, COVID-19, and health and safety meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by either the village manager (VM) or NM once completed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) using an acuity spreadsheet. The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Caregivers interviewed reported there were adequate staff to complete the work allocated to</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>them. Residents and family/whānau interviewed supported this. 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>Staffing for the facility comprises of RN cover over seven days per week. There are two RNs on a morning shift, supported by a senior RN and the NM Monday to Friday and on-call. Afternoon shifts have two RNs rostered and there is one RN on night shift; all shifts are eight-hours. The RNs are supported by caregivers, eight in the morning (four eight-hour shifts, two six and a half, and two six-hours); six in the afternoon (two seven and a half-hour shifts two five and a half, and two four hours); and two on night shift (eight-hour shifts). The service also employs two activities coordinators who work Monday-Friday (8 hours each) with Saturdays for celebrations. They are supported by a contracted occupational therapist (OT). Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week. Support staff include a receptionist, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Related competencies are assessed and support equitable service delivery. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective</p>
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		<p>equipment (PPE). A particular emphasis has been placed on education by the service to improve knowledge of staff and further the care of residents. Feedback following the introduction of a leadership programme has led to improvement in communication from staff. The RNs who have taken the programme report that they are better equipped for their position. Staff reported teamwork has improved and that has a flow on effect for residents.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of eight staff records were reviewed (one NM, two senior RN, one RN, one senior caregiver, one caregiver, one activities coordinator, and one domestic) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including management and governance) dependent on vacancies and applicants.</p>

		<p>A register of practising certificates is maintained for RNs and associated health contractors (eg, the general practitioner (GP), physiotherapist, and pharmacists).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>The necessary demographic, personal, clinical and health information was fully completed in the residents' files reviewed and aligned with the facility policy. The facility uses an electronic resident record system, and the clinical notes were current, integrated, and legible and met current documentation standards. Residents' files are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit.</p> <p>The facility is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements. Although there were no residents who defined as being Māori during the audit, there are policies in place to indicate how their needs will be met.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori.</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>RN team leaders interviewed are familiar with the process for entry and admission. Admission agreements are signed within 10 days of admission and an admission pack is given which includes information about how to make a complaint and/or compliment, and general information about the facility. One resident interviewed, asked for more information about the Code of Rights since he reported feeling overwhelmed with information during the admission process. This was confirmed to be given to the resident in the form of a pamphlet at the time of the closing meeting.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes residents and family/whānau input (where necessary). Timeframes for the initial assessment, medical assessment, initial care plan, long term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. Long term care plans, short term care plans and interRAI assessments/evaluations were completed by the RNs in a timely manner. Evaluations sighted were individualised and indicated the residents' degree of response to the interventions and progress towards achieving planned outcomes.</p> <p>Management of any specific medical conditions were all documented with evidence of systemic monitoring and regular evaluation of responses to planned care. When progress is different to that expected, changes are made to the care plan on collaboration with the resident and/or their family/whānau. Residents and family/whānau confirmed active involvement in the process.</p>
<p>Subsection 3.3: Individualised activities</p>	<p>FA</p>	<p>The activities coordinators (AC) provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life of the residents. Prior to the</p>

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>COVID-19 restrictions, the ACs relied on the support of volunteers; however, there is no community involvement at present due to the current COVID-19 setting. The AC are supported by a contracted occupational therapist (OT).</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Due to COVID-19 restrictions, group activities are done in each 'hub' so there is separation within the facility to manage risk. There are individual and alternate group activities which do reflect residents' goals and interest, and ordinary pattern of life. All residents are encouraged to participate in activities to recognise other cultures with opportunities for Māori and family/whānau.</p> <p>There was a proposal made for the funding of extra activities hours which was granted with positive results. It was found that the residents attended more sessions daily and found them beneficial, this was evidenced in the resident satisfaction survey and from residents and their families/whānau. This is rated as continuous improvement (CI). Both ACs identified changes in residents' participation and response to games like trivia, word games and mind strengthening games and were reassured that their activities were beneficial to the residents.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed that although there are restrictions due to COVID-19, the programme still meets their needs, and they look forward to attending each session.</p> <p>Both ACs have been enrolled to complete their diversional therapy training which they feel highlights the importance of their work and contribution at MLC Greenwich Gardens.</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>FA</p>	<p>Greenwich Gardens has a safe electronic medication management system observed on the first day of the audit. The policy for medication management was current and included all aspects of medicine management in line with the Medicines Care Guide for Aged Residential Care and meets legislative requirements. There is an</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>annual competency programme which ensure all staff involved in medication administration are competent to do so. Medication administration competency forms were sighted.</p> <p>The RN who was observed administering medicines demonstrated good hand hygiene, medicines knowledge, and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Each staff has an individualised logon and password to access the electronic system.</p> <p>Medicines were stored in a locked medication trolley inside the medication room. Other medications were stored in cupboards in the medication room. The temperature of the medication room and medicine fridge were monitored and documented, with temperatures within the recommended ranges. Standing and verbal orders are not used by the service.</p> <p>Controlled medications were stored securely following requirements and were checked by two staff members for accuracy during the administration process. There was evidence in the controlled drug register that stock checks are carried out weekly by two RNs and six-monthly by the pharmacist and RN. All entries were accurate.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>The GPs complete three-monthly medication reviews consistently as verified on the electronic medication charts reviewed. Evaluation of pro re nata (PRN) medicines administered were completed consistently. Dates were recorded on the commencement and discontinuation of medicines.</p> <p>There was one resident who was self-administering medication. There was evidence of appropriate processes to support this resident.</p> <p>Residents, including Māori residents and their family/whānau, are supported to understand their medications and have access to</p>
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		traditional medicines if this is requested.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for aged residential care. The menu has been reviewed by a qualified dietician within the last three months. Recommendations made at that time have been implemented. Food preferences for Māori are addressed as required.</p> <p>The kitchen is managed by a kitchen manager who is a trained chef and fifteen staff members who are on full and part time contracts. The kitchen manager works from Monday to Friday with varying hours.</p> <p>The kitchen service complies with current food safety legislation and guidelines. There is an approved food control plan for the service which expires November 2022. Meals are prepared on site and served in the dining room and residents' rooms via hot boxes. The menu was reviewed by a registered dietician on 7 March 2022 and is run on a three-monthly cycle to coincide with the three monthly dietician review.</p> <p>The kitchen manager is aware of the dietary needs of the residents via their diet profiles. These are developed on admission and include the residents' dietary requirements, likes and dislikes. All alternatives are catered for. There is a choice of a light meal or heavy meal for both lunch and dinner. Diets are modified as required and the cook demonstrated understanding of these. The kitchen manager confirmed that there are snacks available 24 hours a day, seven days a week. There is always enough food should residents want more.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken on a documented schedule and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records or use by dates recorded on the containers and no items were expired. Thermometer calibrations were completed. Records of temperature monitoring of food, fridges and freezers are maintained and documented.</p>

		The residents and family/whānau interviewed indicated satisfaction with the food service, including residents with specific diets (eg, gluten and dairy free).
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Access to Māori support services is arranged if required.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures 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, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 28 July 2022. There are currently no plans for further building projects requiring consultation.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. The facility has the ability to separate into four care areas as part of</p>

		<p>the organisation's COVID-19 strategy. Each area has lounge facilities with a shared dining area. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms have ensuites and there are two extra shower areas available for residents if required. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference.</p> <p>All rooms have external windows which can be opened for ventilation; safety catches are in place. All rooms have heat pumps which can be used by residents to set their preferred heat/cool settings.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service (18 May 2017) and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, most recently on 25 March 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Call bell</p>

<p>event.</p>		<p>response times are monitored on a daily basis. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IC and AMS information. They provide information on planned IC and AMS programmes (eg, COVID-19 and respiratory infections) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process and includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels; through the clinical team, the clinical management team, and (where necessary) through the clinical governance team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPC and AMS programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at clinical and board meetings and yearly. The review includes an assessment of the infection control data, training, infection prevention and control audits, policies, and procedures.</p> <p>The role of the IPC coordinator is undertaken by one of the team leaders (RN) who leads a committee of staff, one from each discipline (RN, caregivers, activities, domestic services, and kitchen staff). The IPC coordinator has access to external specialist advice from GPs and the DHB infection specialist as well as the MLC support office as needed. A documented role description for the IPC coordinator, including roles and responsibilities, is in place.</p> <p>Staff are made aware of current acute infections during daily</p>

		<p>handovers between each shift, in the progress notes and in staff meetings. There are processes in place to isolate infectious residents as required. Single use items are used for procedures and no equipment is sterilised onsite.</p> <p>MLC Greenwich Gardens provides relevant training. There were adequate supplies of personal protective equipment (PPE) and hand sanitiser dispensers throughout the facility. Hand washing audits were completed. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>There is a pandemic outbreak plan available. Information and resources to support staff with managing COVID-19 were regularly updated and followed the MOH and DHB guidelines. Visitors are screened prior to visiting and must produce a negative rapid antigen test (RAT) prior to entering the care facility, staff must also present a negative RAT test prior to each shift. A number of residents tested positive for COVID-19 (Omicron variant) during the pandemic. The staff at MLC Greenwich Gardens have managed this situation well ensuring infections did not spread further.</p> <p>There are no plans in place to extend the service/facility on the site which would require input from the IPC coordinator.</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>	<p>FA</p>	<p>The antimicrobial stewardship programme uses national guidelines from MLC that have been approved by the governing body and developed using appropriate expertise. They are personalised to, and appropriate for, use in the MLC Greenwich Gardens facility.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. It is relevant for the residents being cared for at Greenwich Gardens. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. The data is benchmarked with other MLC facilities and with other external 'like' organisations.</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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for facility equipment indicates frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from residents through the satisfaction survey and internal audit processes. Family/whānau interviewed were complimentary on the cleanliness of the facility. The cleaning of the facility is currently outsourced due to the inability to recruit permanent staff for the cleaning team.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms which are locked when not in use.</p> <p>Laundry is done onsite and is monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	FA	<p>Greenwich Gardens is a restraint free environment. Restraint has not been used in the facility since 2020. The RCM and NM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their</p>

<p>restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care. There were no residents using restraint or enablers during the audit.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme (last on 5 April 2022). Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC in consultation with the NM and the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since 2020, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>Greenwich Gardens instituted an RN leadership programme in 2021. The programme originated due to a realisation that the nurses in the employ of Greenwich Gardens were inexperienced in making decisions and engaging with medical personnel. The programme was instituted at another MLC organisation (MLC Powley) to good effect. It looked at opportunities to improve the RNs’ understanding of the core values of MLC, leadership, understanding aged-care in the New Zealand context, engaging with allied health services, and direction and delegation of staff.</p> <p>The programme comprises of four learning modules:</p> <p>Module 1: Leadership responsibility covers values and quality, leadership and how leaders communicate, understanding roles and</p>	<p>Seven RNs have undertaken the RN leadership programme during 2021 and 2022. The programme was discussed with five RNs who have completed the programme, all reported that it had given them more confidence in managing the activities they are responsible for, helped with direction and delegation of and to staff, and increased their understanding of services expectations and requirements in the NZ environment.</p>

		<p>responsibilities, delegation, and proactive decision making.</p> <p>Module 2: Respect and Customer Service covers respect and responsiveness, environmental management, telephone and call bell responsiveness, responding to relatives and next-of-kin, and complaints management.</p> <p>Module 3: Leading your team covers relevant handover, organising a shift, sickness management, and giving feedback to the team.</p> <p>Module 4: Reflection and self-growth covers recognising practice gaps, taking ownership, the importance of the team and commitment to contributing to the wider team.</p> <p>Feedback following the introduction of the leadership programme has led to improvement in feedback received from residents and families/whānau around effective communication from staff and reports from the RNs who have taken the programme that they are better equipped for their position. Staff reported teamwork has improved and that has a flow on effect for residents.</p>	
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>It was recognised that the number of people attending activities, during the lockdown period due to COVID, was less than optimal and a plan was developed to engage more residents into the programme and increase the number of activities on offer. Part of that plan was to gain more activities coordinator hours to be able to manage/promote more activities during this time.</p> <p>There was a provision made for the funding of extra activities hours to enhance the experience of</p>	<p>Following the roll-out of the initiative, the residents attended more sessions on a daily basis and found them beneficial. Residents were noted to be more alert, attentive, and able to better retain information from the engagement. Where residents were not able to attend there was an increase in one-to-one interactions. The change was viewed positively and was evidenced in the resident satisfaction survey and from residents and their families/whānau. With more social interaction opportunities, social skills of residents, including</p>

		<p>residents and enable them to either attend recreation sessions or engage in one-to-one activity with the ACs. As a result, there was funding for one extra activities coordinator and two ACs now work five days per week plus the occasional Saturday. As a result, the number of activities increased from “900 per month to 1400 activities per month on average”. The attendance of these activities is recorded in residents’ attendance record and activities received increased resident satisfaction survey results.</p>	<p>those who were unsociable in the past have been seen by staff to have improved. It was found that residents felt more connected to each other. Having a variety of activities, residents were able to choose what suits them and their skills thus giving them a feeling of purpose once they succeeded in that activity.</p>
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End of the report.