

Metlifecare Retirement Villages Limited - Papakura Oaks

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:

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| Legal entity: | Metlifecare Retirement Villages Limited |
| Premises audited: | Papakura Oaks |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 13 December 2022 End date: 14 December 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: | 47 |

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

General overview of the audit

Papakura Oaks provides rest home and hospital level care for up to 48 residents. The service is owned by Metlifecare (MLC) who took over the operations in March 2022. The care facility is managed by a village and care manager (VCM) with input from the regional clinical manager (RCM) and a regional operations manager (ROM). There is a full-time employed assistant care manager (ACM) who oversees day to day service delivery and the health status of residents in the care facility.

Significant changes to the service since the December 2021 provisional audit are a newly appointed VCM who took up the role in March 2022, the ACM is on temporary secondment from another Metlifecare facility covering for long term leave, and the changeover of consumer information management system to the electronic system used across all Metlifecare services.

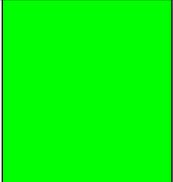
This certification audit was conducted against Ngā Paerewa the Health and Disability Services Standard 2021 and the service's contract with Health New Zealand, Te Whatu Ora, Counties Manukau. The audit process included a pre audit review of policies and procedures, consideration of residents' and staff files, observations and interviews with residents, their families, management, care and clinical staff, the contracted physiotherapist and a geriatrician who provides medical oversight and care.

Residents, their families, staff and allied health professionals who were interviewed spoke very positively about the care and services provided.

This audit has resulted in no identified areas for improvement and one continuous improvement rating. This rating recognised achievement beyond the standard in growing staff, resident and whānau knowledge and awareness of dementia and becoming a dementia friendly service.

The two non-conformances identified at the December 2021 provisional audit related to corrective action planning and staff competency have been effectively addressed.

Ō tatou motika | Our rights

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| 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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Papakura Oaks staff work collaboratively to support and encourage a Māori world view of health in service delivery. The wider organisation has developed relationships, resources and practices to provide equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. Māori residents confirmed they were being provided with culturally appropriate services. There was a Pacific plan and the processes in place were providing culturally safe services to Pasifika residents.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families were providing regular feedback and staff are involved in quality activities. There was an integrated approach which included collection and analysis of quality improvement data. This identified trends and lead to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented and reported and where necessary corrective actions were being implemented. The service was complying with statutory and regulatory reporting obligations.

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

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The nursing team are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in the care plans reviewed.

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

The organisation uses an electronic medicine management system for e-prescribing, dispensing, and administration of medications. The geriatrician is responsible for all medication reviews. Staff involved in medication administration were assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks were available for residents 24 hours a day.

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

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

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| 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 is a current building warrant of fitness. Electrical equipment had been tested as required. External areas were accessible, safe and provided shade and seating. The buildings and grounds meet the needs of people with disabilities.

Staff had been trained in emergency procedures, use of emergency equipment and supplies and attended regular fire drills. Staff, residents and 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

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| 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. |
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment which is supported by the governing body and policies and procedures. Restraint use (when in use) is analysed and reported at all levels throughout the organisation. There were no residents using restraints at the time of audit. There are clearly described procedures for assessment, approval, monitoring, evaluation and review should restraint occur. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 1 | 168 | 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 |
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| <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 (MLC) has an overarching Māori Health Care Plan 2022-2024 which guides on delivering care to Māori using te whare tapa wha and ensuring their mana motuhake is respected. The Māori resource folder held on site contained copies of the plan and significant other resources to guide and assist staff for example, contact details for local iwi and kaupapa Māori service providers, templates for cultural assessments and Māori health care plans and NZ strategy documents to inform culturally safe practices. Clinical records sampled contained completed Māori health care plans.</p> <p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There was ongoing investment in staff, leadership and Board training and education.</p> <p>The Board opens every meeting with a mihi and waiata, and plan to raise the visibility of the unique relationship with Māori in New Zealand (NZ) in a ‘business as usual’ way despite having international board</p> |

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| | | <p>members. The changes have been well received by the board.</p> <p>MLC are using the guidance of an external contractor Maurea (http://www.maurea.co.nz) to inform their models of care and service delivery. They are assisting by sourcing marae/iwi support for all MLC facilities in NZ.</p> <p>MLC proactively recruits and retains a Māori workforce. Staff who identified as Māori, were complimentary about the way the organisation supported them and the Māori residents in care. Māori resident(s) interviewed said staff were meeting their cultural needs. Staff who are fluent in te reo were available. The Village and Care Manager (VCM), Assistant Care Manager (ACM) and Regional Clinical Manager (RCM) and other senior managers on site during the audit, demonstrated knowledge and understanding about equity versus equality, specifically in relation to Māori and provision of culturally safe care for residents.</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> | <p>FA</p> | <p>The MLC Pacific Health Plan July 2022-2024 contained detailed objectives and action steps aimed at ensuring culturally inclusive service delivery for residents who identify as Pasifika. This was developed in partnership with Pacific communities and organisations. There were a small number of residents who identified as Pasifika. The policies and models of care (Fonofale and Te Vaka Atafaga) were used to guide staff in developing and providing safe services for residents.</p> <p>There is a non-executive director who is Pasifika who ‘sits at the board table’ and can advise re: Pasifika health equity and wellbeing for Pacific peoples. MLC understood the quality issues faced by Pacific peoples and can access guidance from this person around care and service for Pasifika.</p> <p>Pasifika residents were being supported in ways that met their cultural needs. The Pasifika staff employed were observed to be conversing with residents in their first language and the clinical records sampled contained care plans that reflected a Pacific model of care.</p> |

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| | | The VCM, ACM, RCM and other senior managers on site during the audit, demonstrated knowledge and understanding about equity in relation to Pasifika and provision of culturally safe care for residents. |
| <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>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were residents and staff who identified as Māori. The assistant care manager (ACM) reported that the service recognises Māori mana motuhake (self-determination) of residents, family/ whānau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | FA | <p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and residents, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The ACM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal</p> |

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| | | <p>areas and by knocking on the doors before entering.</p> <p>All staff had completed cultural training as part of orientation and annually. The ACM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | FA | <p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances was respected and that professional boundaries were maintained. The ACM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the village and care manager (VCM) who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> | FA | <p>Residents and whānau reported that communication was open and effective, and that they felt listened too. EPOA/whānau/family stated</p> |

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| <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> | | <p>they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora Counties Manukau if required. Staff can provide interpretation as and when needed and use family members as appropriate. The ACM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The nursing team reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate and regular use of hearing aids by residents when required, is encouraged.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>Staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents which the resident and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the geriatrician for residents who were unable to provide consent. The ACM reported that the geriatrician discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau as verified in interviews with residents, their family/whānau and the geriatrician. Staff were observed to gain consent for daily cares.</p> |

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| | | Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example family/whānau, with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent. |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | FA | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There were 12 complaints/concerns received since the previous audit. The documentation sighted showed that the complaints had been acknowledged, complainants had been informed of findings following investigation and early resolution had been sought. All but one complaint, which originated from staff about another staff member had been closed at the time of audit. This matter is referenced in subsection 2.2, as it became a reportable event. There have been no complaints received from external sources since the previous audit. The code of rights and complaint information is available in te reo Māori.</p> <p>Residents and whānau interviewed were satisfied with the responsiveness of the complaints process.</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</p> | FA | <p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori and people with disabilities. MLC are well underway in implementing systems and processes to monitor health improvements for Māori and tangata whaikaha in their care, ensuring their services are equitable and identifying any perceived barriers. As previously noted, MLC are using Maurea to inform policies</p> |

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| <p>operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | | <p>and procedures around equitable services and care directed to Māori.</p> <p>There is a Māori Health Plan in place which will be reviewed as changes required become apparent. The Māori resource folder held on site contained copies of the plan and significant other resources to guide and assist staff for example, contact details for local iwi and kaupapa Māori service providers, templates for cultural assessments and Māori health care plans and NZ strategy documents to inform culturally safe practices.</p> <p>MLC have a 'Full Potential Plan' (FPP) which is a strategic plan for the organisation that is reviewed annually. Each facility has its own business plan for its particular services. The Papakura Oaks continuous quality improvement plan 2022 and current risk plans, contained clearly described objectives with time framed action steps which the VCM reports on regularly. A sample of reports to the senior management and leadership team who in turn report to the board, showed adequate information being provided up. Key performance data is used to monitor organisational and site-specific performance.</p> <p>Recruiting and retaining people is a focus for MLC. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also plan to use feedback from Maurea to inform workforce planning, sensitive appropriate collection and use of ethnicity data and how it can support its ethnically diverse staff appropriately.</p> <p>The VCM who had 17 years' experience as a clinician and manager in aged care services, confirmed knowledge of the sector, regulatory and reporting requirements and provided evidence they were maintaining currency within the aged care sector. The ACM was on temporary secondment from another MLC facility and had been covering the role for eight weeks. This person was also suitably qualified and experienced in the New Zealand aged care sector.</p> |
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| | | <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. If clinical, this is through the clinical advisory group (CAG) which reports clinical data to the clinical governance group. The MLC clinical governance reporting structure goes from facility to executive clinical governance to board clinical governance (a sub-committee of the board) and then to the board. The board level clinical governance committee meet three times per year and prior to board meetings. The committee takes an in depth look at clinical and quality indicators, for example, adverse events, infections, antibiotic use, restraint use, complaints, and staff development. This is analysed for trends, and strategies are agreed to be presented to the full board. These activities in turn inform the strategic planning process and annual FPP.</p> <p>MLC utilise the skills of staff and supports them in making sure barriers to equitable service delivery are surmounted. When they acquire a facility, immediate work is commenced to address any barriers to enable equitable service delivery such as putting policies, procedures and processes in place and supporting staff to migrate to them, installing technology support solutions (where these are deficient) such as Wi-Fi, resident or medication management systems. Ongoing overview to maintain the systems are put into place following acquisition.</p> <p>The organisation facilitates resident and whānau participation in planning, implementation, monitoring, and evaluation of service delivery via regular multi-disciplinary meetings, informal feedback, one to one/kanohi ki te kanohi discussions and annual resident satisfaction surveys. MLC also has a resident representative on its executive level clinical governance group.</p> <p>Governance and senior leadership have invested in ensuring provision of and access to credible education related to Te Tiriti, health equity</p> |
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| | | <p>and cultural safety competency. Currently, four non-executive board directors have completed the training and one executive board member. Eight people from the executive team have also completed the training.</p> <p>Papakura Oaks holds an age-related residential care agreement (ARCC) with Te Whatu Ora-Counties Manukau for hospital medical, hospital-geriatric, rest home, and respite care. On the days of audit there were 47 residents. Of these, 16 were rest home level care and 31 residents were receiving hospital level care. No residents were receiving respite care.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>The organisation has a planned quality and risk system which reflected the principles of continuous quality improvement. It comprised reporting and management of incidents and accidents including clinical incidents, complaints and other feedback, internal auditing and monitoring of outcomes, regular resident/ whānau and staff satisfaction surveys, interRAI, restraint minimisation and infection prevention.</p> <p>Terms of reference and meeting minutes reviewed confirmed that adequate reporting systems and discussion occurs on quality matters. Regular review and analysis of quality indicators occurs monthly and related information is reported and discussed at the various onsite meetings. For example, the monthly RN and full staff meetings which inform the two monthly Midland region cluster meetings, clinical management team meetings and clinical governance meetings. These contained details and discussion on quality monitoring outcomes, health and safety, infection prevention and restraint. Minutes reviewed included discussion on pressure injuries, falls, complaints, incidents/events, infections, audit results and activities.</p> |

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| | <p>The previous non-compliance related to corrective action planning had been resolved. A sample of six corrective action plans contained clear descriptions of the issues, action steps, the overall goal and timeframes for implementation. This demonstrated that a continuous process of quality improvement was occurring. Service gaps identified through the internal auditing programme were communicated to staff, corrective actions were documented on the audit tool and were flagged for reauditing to evaluate the effectiveness of actions taken to improve the gaps.</p> <p>Residents, whānau and staff contribute to quality improvement by providing feedback in a variety of ways. The October 2022 resident survey revealed a 92% satisfaction rating, with no significant areas of concern. Resident meetings had been in abeyance during Covid 19 outbreaks/lock downs and a short period of time when there was no diversional therapist employed. These were in the process of being reintroduced during the audit.</p> <p>An annual staff engagement/satisfaction survey (ENPS) gathers a wider view of how residents and staff are being supported. Results of resident and staff surveys are used to improve services. Results of the Papakura Oaks September staff survey revealed a good uptake, for example 38/55 staff at the time or a 67% response rate and identified three key areas requiring actions.</p> <p>Policies and procedures cover all necessary aspects of the service and contractual requirement and these were current. The document control system is managed by the organisation`s head office and ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of any obsolete documents.</p> <p>The managers interviewed described the processes for the identification, monitoring and reporting of risks and development of any</p> |
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| | | <p>mitigation strategies. The risks documented in the site-specific continuous quality improvement plan and the risk and hazard plans showed consistent review and updating of plans and the addition of any new risks identified. The manager is aware of the Health and Safety at Work Act (2015) and its requirements are implemented. All visitors to the facility are informed and reminded of health and safety and infection prevention during the electronic sign in procedure. There had been no events which required reporting to WorkSafe NZ in the previous 12 months.</p> <p>There were known and established processes for essential notification reporting requirements. The organisation had notified about the change of manager, the unexpected death of a resident, a police investigation related to a previous staff members conduct, Public Health were notified about positive Covid-19 cases in May/June and July/August 2022, and there had been five notifications related to shortages of RNs. NB The service had a full complement of RNs on the days of audit.</p> <p>The organisation has developed and is implementing processes for gathering and measuring health equity. A number of the internal audit processes and the satisfaction surveys contribute toward achieving this.</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. 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. As service providers: We ensure our day-to-day operation is</p> | FA | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). All staff were working in ways that were culturally safe and had attended training on how to deliver health care that is responsive to the needs of Māori. There were a number of staff including Māori and Pasifika staff employed who were fluent in different languages.</p> |

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| <p>managed to deliver effective person-centred and whānau-centred services.</p> | | <p>The service had been challenged by staff shortages including registered nurses this year but had just achieved a full complement of 10 RNs employed at the time of audit. Notifications about RN shortages have been submitted (refer subsection 2.2) but there had always been at least one RN on site 24 hours a day seven days a week, with an extra RN on call after hours. Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time.</p> <p>The care facility is divided into four wings with a maximum of 12 residents in each. Each wing had two care staff, rostered for morning and afternoon shifts, plus a diversional therapist (DT) on each morning shift, and a house lead/senior carer plus one RN rostered across the two wings located on the same level. There were three care staff and one RN rostered for each night duty. Rosters sighted, interviews with the rostering staff and observations revealed that there was frequent use of bureau staff to back fill gaps in care staff shifts. A large percentage of bureau staff were familiar with the site and its residents. Bureau staff interviewed made positive comments about their experiences on site.</p> <p>All RNs and senior care staff were maintaining current first aid certificates so there was always a first aider on site. Senior care staff who had been assessed as competent to administer medicines, were rostered on each shift to support the RNs on duty.</p> <p>Allied staff such as the diversional therapist and household staff were allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. There were three housekeepers employed enabling housekeeping duties to be carried out seven days a week. These staff also coordinate and manage the outsourced laundry services. The bulk of laundry services were outsourced, although there is a domestic laundry on each of the two floors which</p> |
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| | <p>make up the care facility, for use by residents.</p> <p>There were sufficient kitchen staff providing meal services. Food service staff were being provided by an external catering company.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continual education subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, civil defence, manual handling and safe transfer and training related to becoming a dementia friendly service had taken place since the previous audit.</p> <p>Staff files sampled confirmed the currency of first aid certificates, chemical safety training, medicine and other competencies. There was evidence of frequent access to online (Altura) education. These included sessions on STOP and WATCH tool (deterioration in health) falls prevention, pain assessment and management, death and dying, and nutrition and hydration, the code of rights, restraint minimisation and prevention, challenging behaviours, cultural safety and awareness, Te Tiriti and Pasifika health, communication and other role specific training. The previous non-compliance related to competency assessments and accurate staff training records has been resolved. All new care and clinical staff complete a wide range of competency assessments as part of their induction. The CVC, ACM and CSM had completed training in Te Tiriti, cultural safety and ensuring equity in service delivery. The facility is in a community with a significant Māori population. As such all staff are encouraged to endorse tikanga and support connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff</p> <p>Care staff had either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funder. Of the 27-care staff employed, 15 had achieved level four on the NZQA framework, seven were at level three, three were at level two and two had not commenced training. Three of the 10 RNs plus the ACM are accredited and maintaining competencies to conduct interRAI</p> |
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| | | <p>assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>MLC supports its staff in various ways to promote their well-being and provide positive work environments. These encompass performance recognition rewards, flexible working hours and other inducements.</p> <p>Criterion 2.3.5 is rated continuous improvement for achievement beyond the expected standard by producing results which advantaged residents' care by staff and families developing a better understanding of confusion and memory loss.</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. The recruitment and employment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications prior to commencement of employment.</p> <p>The staff records sampled confirmed the organisation's policies were being consistently implemented. Signed individual employment agreements and current position descriptions that described the role, authorities and responsibilities were sighted in electronic files. These included position descriptions for the restraint coordinator and infection control coordinator. Hard copy records confirmed all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, physiotherapy and podiatry.</p> <p>Electronic and hard copy personnel records were accurate and stored in ways that were secure and confidential. Records contained</p> |

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| | | <p>information that met the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data was recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation/induction programme, tailored for their specific role which included an extensive range of competency assessments. Staff interviewed about the effectiveness of their induction process commented positively.</p> <p>Formal performance appraisals occur at least annually, and the random selection of staff files sampled contained evidence that performance reviews had occurred within the past 12 months. At the time of audit MLC was introducing a new approach to performance review and recognition.</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> | <p>FA</p> | <p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. An external provider holds backup database systems. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Resident's and staff files are held securely for the required period before being destroyed. Paper based files are archived onsite and at the head office. Retrieving a file is managed through a documentation which was sighted. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p> |

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| <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. 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>FA</p> | <p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, and hospital level of care were in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The ACM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is collecting and analysing entry and decline rates including specific data for entry and decline rates for Māori. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p> |

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| <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>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and geriatrician involvement is encouraged in the plan of care.</p> <p>The geriatrician completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The ACM and registered nurses reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the ACM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the</p> |
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| | | <p>service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by the diversional therapist (DT), activities assistant and house leads. The programme runs from Monday to Friday with weekends reserved for church services, movies, EPOA/whānau/family visits and other activities are facilitated by the house leads. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated and resident meetings are undertaken monthly. 'A know me in my World' detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the care staff in consultation with the management team, registered nurses, EPOAs, residents, and care staff. The activities are varied and appropriate for people assessed as requiring rest-home, and hospital level of care. Activity</p> |

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| | | <p>progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted as required in the company of EPOA/whānau/family and friends except under Covid-19 national restrictions.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The geriatrician completes 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 photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication</p> |

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| | | <p>management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards.</p> <p>There were no residents self-administering medications. There was a self-medication policy in place when required. The service facilitates young people with disabilities wishing to self-medicate safely. There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the ACM, registered nurse and Māori residents.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site by a contracted service. There was an approved food control plan which expires on 7 April 2023. The menu was reviewed by a registered dietitian on 23 June 2022. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a</p> |

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| | | <p>nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system. EPOA/whānau/family and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The ACM reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge,</p> |

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| | | <p>current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>A current building warrant of fitness (expiry date 29 August 2023) was publicly displayed.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment, safety checking of lifting equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment.</p> <p>Visual inspection revealed the environment was hazard free, that residents were safe, and that their independence was being promoted. External areas were safely maintained and observed as appropriate to the resident groups and setting. Residents could easily use the elevators to access the ground floor café and outside seating areas, although each wing/household had large, easily accessible decks/verandas.</p> <p>Each of the 48 bedrooms has an ensuite bathroom with an accessible shower and toilet, and there are additional toilets for use by staff and visitors. Hot water temperature monitoring was occurring regularly and</p> |

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| | | <p>temperatures were within a safe range, for example less than 45 degrees Celsius. Each bedroom is spacious and installed with ceiling hoists. If other standing or swing hoists were required there was sufficient space for two staff and the resident to be safely manoeuvred.</p> <p>Residents and families said the facility is kept ventilated, warm in winter and cool in summer. Heat pumps and underfloor heating is used, confirmed by interviews and each resident's room had external opening doors and windows which were sighted during the audit.</p> <p>Residents and staff confirmed they knew the processes to follow when any repairs or maintenance were required, and said they were very happy with the environment. Interviews and maintenance records revealed there was appropriate and rapid responses to repairs required. Maintenance staff were available on site five days a week and on call after hours for emergencies.</p> <p>There were no new buildings being planned but the leadership team understood the requirement to consult and ensure that new environments meet the aspirations and identity of Māori.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff.</p> <p>The disaster and civil defence plans clearly directed staff in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The fire evacuation scheme was approved on 22 January 2018 following construction of the building. There had been no changes to the footprint of the building since.</p> <p>Fire evacuation training and drills were being conducted six-monthly</p> |

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| | | <p>with a copy sent to the New Zealand Fire Service, the most recent had occurred on 08 November 2022.</p> <p>The orientation programme included fire and security training. Staff confirmed their awareness of the emergency procedures. All clinical staff and level 4 care staff were maintaining first aid certificates.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's, were sighted and met the Ministry of Civil Defence and Emergency Management recommendations for the region and the needs of a maximum 48 residents. Sufficient supplies of potable drinking water were stored plus an external water tank which holds 2,000 litres of water was on site. The building is equipped with electrical plug-in ports for an external generator in the event of a power outage. Emergency lighting was regularly tested.</p> <p>The building was secure with access at night by swipe card and the grounds were being security patrolled.</p> <p>Call bells alerted staff to residents requiring assistance. Call system audits were completed on a regular basis. Residents and their families reported staff responded promptly to call bells.</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</p> | <p>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system and were being reviewed and reported on yearly.</p> <p>The IP and AMS is supported at governance level through the employment of an infection control specialist, a clinical workforce specialist, and a clinical educator. These personnel make sure that IP</p> |

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| <p>respond to relevant issues of national and regional concern.</p> | | <p>and AMS were being appropriately handled at facility level and they support the care facilities as required. The board or the clinical governance committee of the board can access IP and AMS expertise through its infection control specialist and/or through Te Whatu Ora – Health New Zealand. The seeking of this expertise and advice follows a defined process and documented pathway that supports reporting of progress, issues and significant events to the governing body</p> <p>IP and AMS information was being discussed at executive clinical meetings, clinical governance meetings (the sub-committee of the board) and then presented to board meetings.</p> <p>A pandemic/infectious diseases response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The ACM oversees and coordinates the implementation of the (IPC) programme. The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection control coordinator’s job description. The ACM has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents. The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the regional clinical team and is linked to the quality improvement programme. The IPC programme for 2021-2022 was in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient IPC resources</p> |

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| | <p>including personal protective equipment (PPE) were available on the days of the audit. The IPC resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator liaises with the village and care manager and regional clinical manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora- Health New Zealand. The ACM stated that the regional clinical team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and colour-coded towels are used for different parts of the body. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti.</p> <p>The ACM reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff</p> |
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| | | understood these requirements. The service has educational resources in te reo Māori. |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The regional clinical team approved the AMS programme. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The geriatrician has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IP and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is collected and reported in surveillance records reviewed.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, the reason for the increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister similar facilities. Residents were advised of any infections identified and family/whānau where required in a culturally</p> |

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| | | <p>safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whanau.</p> <p>There were three infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed. The geriatrician and the local pharmacy in consultation with the service administered anti-viral medications to 15 residents. All the residents who had the anti-viral medication had no further severe long Covid-19 symptoms and were still alive and healthy six-months post after having Covid-19 vis-à-vis those who did not get the anti-viral medication.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | FA | <p>Safe and effective waste management practices were observed. Staff follow documented protocols and policies which comply with legislation and regulations. There had been no reported events related to disposal or exposure to hazardous substances. Care staff and household staff were clear about processes for handling body waste.</p> <p>Household staff interviewed confirmed they had sufficient hours allocated to carry out their daily cleaning and laundry sorting tasks. (Refer subsection 2.3) The bulk of laundry for example, bed linen, towels, and resident clothing was outsourced to an external company. A resident laundry situated on each floor with domestic washing machines and driers was available for residents who chose to do wash their own clothes.</p> <p>The cleanliness of the environment and laundry services was being audited regularly. Audit results revealed no major concerns. Residents and their whānau expressed satisfaction with their environment and management of laundry.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p> | FA | <p>MLC is committed to a restraint free environment in all its facilities. There were robust strategies in place to eliminate restraint use. The board clinical governance committee is responsible for the MLC</p> |

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| <p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | | <p>restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance meetings and presented to the board.</p> <p>There were no restraint interventions in place on the days of audit, and long serving staff said there had never been any type of restraint used. Staff and the restraint coordinator confidently discussed the alternatives to restraint in use. Training records showed that all clinical and care staff had attended restraint education in the past year.</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.

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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 of this audit.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p> | CI | <p>Papakura Oaks succeeded in becoming accredited against the Alzheimer's New Zealand Dementia Friendly Recognition Programme. The service completed all seven stages within six months, from March to September 2022. A total 99% of staff become dementia friends versus 44% of MLC staff.</p> <p>The programme confirms Papakura Oaks as a safe, friendly, accepting and supportive place for people with early or significant signs of dementia. It also demonstrates service commitment to making life easier for residents, their whānau and staff. The model integrates the principles of partnership, participation and protection as outlined by the Te Tiriti o Waitangi and promotes communities that are inclusive and accepting. It also supports older people to be active and participate.</p> | <p>Existing and prospective residents have been advantaged and their whānau and all Papakura Oaks staff have gained lifelong skills knowledge and understanding about caring for people with memory loss, different states of confusion and dementia.</p> |

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| | | <p>Staff, whānau and residents attested to the positive differences they experienced being part of a dementia-friendly community. Outcomes from the initiative included the establishment of a resident advisory group, increased understanding and skills gained for family/whanau and all levels of staff. One family undertook to develop and produced printed copies of a book about Aphasia. At the time nursing students also participated in the study, and gained valuable knowledge and skills about recognising all stages of dementia from early onset to rapid deterioration</p> | |
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End of the report.