

Metlifecare Retirement Villages Limited - Whangarei Park Village

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:	Whangarei Park Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 29 November 2022 End date: 30 November 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:	77

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

Whangarei Park Village is owned and operated by Metlifecare. The facility provides rest home and hospital level care for up to 88 residents. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora, Te Tai Tokerau (Northland) area. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, two managers, staff, catering staff and a general practitioner.

The audit has four areas requiring improvement which pertain to two criterion. These relate to interRAI assessments, long term care plans, dietary profiles and medication management.

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.
---	--	--

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). All staff receive in-service education on the Code.

Services provide support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. The residents confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies, including external Māori cultural entities who are mana whenua.

The acting clinical manager collects data that reflects the diversity of the residents and staff.

Procedures are in place to resolve complaints 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.
--	--	--

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 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 provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to 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.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

Residents are assessed before entry by the Needs Assessments and Service Coordination (NASC) team to confirm their level of care. The registered nurses (RNs) 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. Twenty-four-hour activity care plans are in place. 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 general practitioner and nurse practitioner (NP) is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are 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

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.
---	--	--

The service meets the needs of residents and was clean and well maintained. There is 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 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 implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were three infection outbreaks reported since the last audit that were managed effectively.

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 aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. 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	2	0	0	0
Criteria	0	171	0	2	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 Whangarei Park Village (MLC Whangarei Park Village) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan acknowledging Te whare Tapa Whā model has been developed with input from cultural advisers and is implemented for residents who identify as Māori. On the day of audit, a local kaumātua was visiting residents. The nurse educator has organised for the kaumātua to provide training and support and will also be working alongside Māori staff who in turn support residents and staff. The manager interviewed advised that there are nine staff employed in various roles who identify as Māori and currently four residents who identify as Māori. Ethnicity is recorded.</p> <p>The service supports the employing of Māori staff as vacancies occur. The most appropriate person would be employed to meet the needs of</p>

		<p>the advertised role.</p> <p>In an interview with a board member they advised that Metlifecare (MLC) was bought by an international group (EQT Infrastructure IV) two years ago. They have been doing quite a lot around honouring Te Tiriti o Waitangi. They have introduced mihi and waiata to board meetings and have a 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 members. The changes have been well received by the board.</p> <p>Metlifecare 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 Metlifecare facilities in NZ.</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>MLC Whangarei Park Village identifies and works in partnership with Pacific communities and organisations and has developed a Pacific plan that supports culturally safe practices for Pacific peoples using the service. A Pasifika health plan acknowledging Fonotale and Te Vaka Atataga models has been developed with input from cultural advisers and is accessible for residents who identify as Pasifika. There were no residents of Pacific descent receiving care at the time of audit.</p> <p>There are currently four staff at Whangarei Park Village that identify as Pasifika. The facility supports the employing of Pasifika staff as vacancies occur. The most appropriate person would be employed to meet the needs of the advertised role.</p> <p>A board member interviewed confirmed that 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. Metlifecare understood the quality issues faced by Pacific peoples and are able to access guidance from this person around care and service for Pasifika.</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>	<p>FA</p>	<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 registered nurses (RNs) 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>	<p>FA</p>	<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 RNs 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 in the hospital and rest home wings. While residents in the memory support unit have access to walk freely in the secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering.</p> <p>All staff have completed cultural training as part of orientation and annually. The RNs reported that Te reo Māori and tikanga Māori</p>

		practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.
<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 are respected. Professional boundaries are maintained. The RNs 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 RNs and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori residents admitted to the service. This was further reiterated by the regional clinical manager 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> <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</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>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 Te Tai Tokerau if required. Staff can provide interpretation as and when needed and use family members as appropriate. The RN 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.</p> <p>The RN 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. Consent for residents in the memory support unit were signed by the residents' legal representatives. Resuscitation treatment plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. The RN reported that the GP 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 GP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a</p>

		<p>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. Residents in the memory support unit had activated EPOAs in their files. Communication records verified inclusion of support people where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of rights. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. The complaints policy highlights the importance of Māori residents and whānau have been provided the opportunity and access to a Māori advocate/kaumatua and acknowledge that Māori residents may require extra time to consult with whānau. This information was confirmed in an interview with the acting clinical manager.</p> <p>The register reviewed evidenced that there were 10 complaints currently been managed by the acting clinical manager, most complaints were predominantly around resident care. Regular communication is occurring in a timely manner. The 2022 resident survey received a 100% response when asked the question around feedback including speed and efficiency of dealing with complaints.</p> <p>There has been one complaint regarding a resident's care received from the Health and Disability Commissioner (HDC) since the last audit which occurred prior to MLC buying and takeover of Whangarei Park Village. Whangarei Park Village is awaiting the HDC's response.</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</p>	FA	<p>MLC Whangarei Park Village provides aged related residential care at hospital, rest home and dementia level. The service has an Aged Related Residential Care (ARRC) contract with Te Whatu Ora, Te Tai</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Tokerau (Northland) area. Seventy-seven (77) residents were receiving services at the time of audit. Thirty-four residents receiving hospital level care, 28 receiving rest home level care and 15 residents receiving dementia level of care. There is a resident who has a long-term individual ACC contract.</p> <p>The governing body assumes accountability for delivering a high-quality service. Māori representation at Board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency.</p> <p>Equity for Pacific peoples and tāngata whaikaha is contained within a draft Pacific Health Plan and a new Disability Policy Statement (November 2022) for tāngata whaikaha; these are yet to be rolled out across the facility and the wider MLC organisation.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into levels of practice for all residents.</p> <p>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,</p> <p>A sample of reports to the board of directors/owners showed adequate information to monitor performance is reported.</p> <p>The village manager has oversight of the care facility, but it is managed by the acting care manager who has been employed within aged care for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. The acting care manager has support available through the regional clinical manager and the clinical director who are part of the executive team. The management team</p>
---	--

	<p>work with staff to meet the requirements of relevant standards and legislation.</p> <p>An interview with a board member stated that MLC governance body confirmed that they are accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> <p>Metlifecare have a legal team and have access to domestic and international legal advice. They are also members of the New Zealand Aged-care Association (NZACA) and the Retirement Villages Association (RVA). Input is also available through membership of Aged Care Matters.</p> <p>Metlifecare have a 'Full Potential Plan' (FPP) which is a strategic plan for the organisation that is reviewed annually.</p> <p>Goals for the organisation are laid out in a brochure given to all staff.</p> <p>Job/role descriptions are in place which specify the requirements for the position. For senior roles, Metlifecare uses recruitment/interview panels when recruiting staff through an external recruiter.</p> <p>Metlifecare have a new sustainability manager and general manager. People, both of whom were recruited using a vigorous approach including a board 'meet and greet'. The general manager sits 'at the table' with the other general manager's from the executive team.</p> <p>Recruiting and retaining people is a focus for Metlifecare. 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>Metlifecare commits to quality and risk through its policy and through its feedback mechanisms (up and down).</p> <p>It receives information from all of its facilities, and this is considered as appropriate. If clinical, this is through the clinical advisory group (CAG) which reports clinical data to the clinical governance group and thence to the board.</p>
--	---

		<p>As previously noted, Metlifecare are using Maurea to inform policies and procedures around equitable services and care directed to Māori. There is a Māori Health Plan in place which will be further reviewed as changes required become apparent. This is still a 'work in progress' for Metlifecare and still in the planning stages. Tāngata whaikaha have a 'small footprint' in Metlifecare's organisation.</p> <p>Metlifecare utilise the skills of staff and support 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>Metlifecare support people to participate locally through resident meetings, and then through resident satisfaction surveys. There is also a staff satisfaction survey so that there is a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Metlifecare also has a resident representative on its executive level clinical governance group.</p> <p>Metlifecare are using Te Kaa as their education tool for Te Tiriti, health equity and cultural safety competency. This is a learning tool presented by Māori that people can attend in person or online with a graduation held on the marae.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, staff training, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections. The care manager is responsible for implementation of the quality and risk system.</p> <p>The resident satisfaction survey was completed in March 2022 with a</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>resulting overall satisfaction rating of 88 percent. Survey questions included questions around the village care team, family involvement, resident support, activities, cleanliness, safety and security, meals, complaints, medical care, and clinical management. Information received is used for quality improvement.</p> <p>There are a range of internal audits. A schedule was reviewed. Audits have been completed and corrective actions are developed and implemented to address any shortfalls. Evidence of outcomes and strategies was documented in staff meeting minutes.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The acting care manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Staff document adverse and near miss events. 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. The acting care manager understood and has complied with essential notification reporting requirements. There has been a total of nine section 31's. Five related to pressure injuries (two non-facility acquired). Two notifications were to acknowledge phone lines down and notification of change of the recent care manager. There were a further two RN shortage notifications identifying five RN shifts in total over a two-week period. The service is not required to comply with the National Adverse Event Reporting Policy.</p> <p>An interview with a board member confirmed that MLC 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>Subsection 2.3: Service management</p>	<p>FA</p>	<p>There is a documented and implemented process for determining</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. Portfolios by RN's include restraint and infection control. The regional manager is currently the acting care manager while awaiting the commencement date of the new clinical manager to start on the 19 December 2022 who is a registered nurse with aged care and management experience. Interviews are currently occurring for the replacement of the assistant care manager. The acting care manager works weekdays Monday to Friday and is call when not on site. The current village manager has resigned, their last working day is the 2nd of December 2022. A new village manager has been appointed and commenced their role on the 21 November 2022. The new village manager is a registered nurse with a current practising certificate with management experience. There are currently three registered nurses (RN) interRAI trained, one RN has commenced their interRAI training and a further RN is enrolled.</p> <p>There are 21 caregivers and one diversional therapist that have completed their level 4 training which is based on the New Zealand Qualification Authority (NZQA) levels. The diversional assistance has recently commenced level 4 papers. Five caregivers have completed level 3 papers while a further five are completing theirs. A total of seven caregivers, four care supervisors, one gardener, RN, activities assistance has completed their dementia training and a further five staff are to commence their training in January 2023. All cleaning and laundry staff have completed Chemical safety and first aid training.</p> <p>Care staff reported that there have been times that they have worked short staffed however are supported by bureau staff when required. The acting clinical manager confirmed they ask for the same bureau staff members and where possible pre book in advance. Bureau staff are required to read the resource folder and sign in acknowledgement as read. This information includes Health and safety, Infection control, what to do in an emergency, external provider, and support network</p>
--	--

	<p>contact details. A map of the village and layout of the care centre. Task and procedure documents. The acting care manager stated that in the past week five bureau had supported staff, three bureau were registered nurses.</p> <p>Care supervisors are caregivers that have completed their level 4 training and have been deemed competent to support the RNs with medication rounds, minor wound dressings and support of their colleagues following a specific scope of practice which is highlighted in their job description. A contracted physiotherapist and podiatrist visit the residents regularly. The menu is provided by an external kitchen provider on site.</p> <p>Staffing for the service comprises of RN cover over seven days per week. There are two RNs on a morning shift, currently supported by the acting clinical manager Monday to Friday and on-call. Afternoon shifts have two RNs rostered and there is one RN on a night shift; all shifts are eight-hours. The RNs are supported by the acting clinical manager/RN and care supervisors (Level four caregiver). There are 13 caregivers in the morning (11 eight-hour and one six-hour shift). There is an extra four-hour shift in the memory support unit that covers either 9.00am – 1.00pm or 8.00am 12.00 pm. There are a further three supporting care supervisors who work an eight-hour shift. One care supervisor is rostered in the rest home Monday to Sunday and one in the memory support unit Tuesday – Saturday. The activities team work Monday to Sunday 9.00am – 4.00pm and in the Memory support unit 0900am 5.00 pm Monday to Thursday. On a pm shift there are 11 care staff in total and two care supervisors (six eight hour, three six and half hour and two four-hour shifts) Two care supervisors support the rest home and memory support unit. Night shift has a total of two caregivers (eight-hour shift) and two care supervisors again supporting the rest home and memory support unit (eight- hour shift).</p> <p>The acting clinical manager interviewed stated they are actively continuing to recruit.</p> <p>There is a dedicated educator who works Monday to Friday, an enrolled nurse with a current practising certificate. The educator is aware of their scope of practice and has oversight and support from the acting care manager and RNs to support staff in their initial orientation and ongoing training requirements. The training</p>
--	--

		<p>programme is delivered via an electronic education portal and thru paper-based training to ensure that all mandatory training requirements are captured. Continuing education is planned on a biannual basis and delivered annually. Recent education has included Māori health and Treaty of Waitangi, Foundations for cultural competencies, COVID 19, fire safety, code of rights. All RNs and care supervisors have current medication competency.</p> <p>A new resident electronic database has been introduced to the service, all RNs and caregivers were provided with further training offered to staff who needed to upskill their computer skills. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported that they have been provided with the training required to care for the residents.</p> <p>There are policies and procedures in place around wellness, bullying and harassment.</p> <p>In an interview with a board member, it was confirmed that MLC ensure day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There are job descriptions available for each position and current employment contracts. Ethnicity data is recorded and used in line with health information standards. Staff performance is reviewed and discussed at regular intervals. Records of professional qualifications are on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Staff interviewed stated that COVID was a busy and stressful time but they were supported with appropriate training.</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. Backup database systems are held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Resident's and staff files are held securely for the required period before being destroyed. Paper based files are archived through an external provider. 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>
<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, hospital, and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</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</p>

		<p>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 RN 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 actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The service uses assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff that include the nursing team and care staff. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems.</p> <p>Twenty-four-hour behaviour management strategies for residents in the memory support unit were completed and regularly reviewed to reflect residents' changing needs. These strategies were documented on the electronic record management system.</p> <p>All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The GP visits the service once a week and is available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and</p>

	<p>interview conducted with the GP. Residents' medical admission and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The RN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff restated that they are 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. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, registered nurses, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions 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 nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The cultural policy 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 cultural policy. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p> <p>There were 10 overdue interRAI re-assessments with timeframes ranging from 6-59 days. Long term, activities care plans and residents'</p>
--	--

		<p>dietary profiles were not being evaluated following completion of interRAI assessments.</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) and two activities coordinators. The programme runs from Monday to Friday with weekends reserved for church services, movies, EPOA/whānau/family visits and other activities are facilitated by care staff. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated and resident meetings are undertaken monthly. A map of life 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, hospital, and dementia level of care. Twenty-four-hour behaviour management plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity care plans were not being evaluated in conjunction with interRAI assessments (Refer to 3.2.5). Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Outings are conducted as required in the company of EPOA/whānau/family and friends except under Covid-19 national restrictions. A van with wheelchair access is hired weekly to take residents with mobility issues out.</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</p>

		<p>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>PA Low</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. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents self-administering medicines. Appropriate processes were in place to ensure this was managed in a safe manner. There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated by the RNs and GP in interviews conducted.</p> <p>An improvement around monitoring of medication room temperatures in all wings and documenting effectiveness of PRN medication is required.</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 is 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 nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. However, these were not being completed in a timely manner (Refer to 3.2.5). 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.</p> <p>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</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 RN reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process</p>

<p>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>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, 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 GP, 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>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. All electrical testing of electrical equipment was completed in March 2022. Records are maintained and an inventory of all equipment is documented.</p> <p>There is a current building warrant of fitness (BWOFF), and this was displayed in reception. The expiry date is the 1 July 2023.</p> <p>Refurbishment is ongoing as rooms are vacated. The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. A mobility scooter was stored in the outside garage. Spaces are culturally inclusive and suited the needs of the resident groups. Located in the hospital wing are two bedrooms that share an ensuite bathroom by connecting doors and there are two standard rooms. Bedrooms are personalised, each bedroom has a handbasin, soap and paper towel dispenser. There are adequate</p>

		<p>showers and separate toilets in all areas that all residents have easy access to if they do not have an ensuite in their bedroom.</p> <p>There is underfloor heating throughout the hospital wing and each bedroom has a thermostatic wall heater. All main living/dining areas have a heat pump. All bedrooms have an external window. Some bedrooms have access to an external courtyard or external outside area. In each of the three areas (Rest home, Hospital and Memory Support unit) there is large lounge and dining room each with a heat pump. Each bedroom in the Rest home and Memory Support unit also has a thermostatic wall heater.</p> <p>There are several smaller kitchenettes throughout where residents and whānau are encouraged to make a hot beverage and can store food in a communal resident fridge. The Memory Support unit lounge/dining area has access outside to a secure garden and courtyard area with undercover sitting areas and a concrete pathway.</p> <p>Signage on all doors throughout the village acknowledge the English/Māori terminology. For example - Wharepaku/toilet.</p> <p>The grounds are well maintained.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings. Reference was also sighted in the new structure design resource for new builds.</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>Disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Adequate supplies include a generator, an external water tank which holds 30,000 litres and has tap access, food supplies, barbeques, and gas bottles and other consumables which also meet the National Emergency Management Agency recommendations for the region. Staff have been trained and knew what to do in an emergency. Throughout the village, what to do in an emergency poster specific to Whangarei Park Village are also posted. The majority of staff have completed their first aid training including all registered nurses. There</p>

		<p>is a trained first aider on each shift.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service on 2 May 2012. Metlifecare have applied and waiting for confirmation of name change to now acknowledge MLC Whangarei Park Village as owners. The last fire drill for staff was recorded as the 28 November 2022 where 20 staff attended.</p> <p>Call bells alert staff to residents requiring assistance. Currently a call bell report is unable to be accessed due to technology issues between the server and access required between the previous provider and now Whangarei Park Village. Quotes have been attained, accepted and plan in place is to have an upgrade completed prior to December. In the interim residents and whānau have reported staff respond promptly to call bells. Appropriate security arrangements (internally and externally) are in place.</p> <p>Residents were familiar with emergency and security arrangements. All visitors and contractors sign in and out of the facility. Staff ensure the building is locked and windows are closed during the night duty with rounds occurring regularly.</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 infection prevention (IP) and antimicrobial stewardship (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 yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>A board member interviewed confirmed that Metlifecare has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. This is now being supported at governance level through the employment of an infection control specialist, a clinical</p>

		<p>workforce specialist, and a clinical educator to make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. IP and AMS information is discussed at executive clinical meetings, clinical governance meetings (the sub-committee of the board) and then at board meetings at its meetings as required.</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 RN 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 RN has completed external education on infection prevention and control for clinical staff. They have access to shared clinical records and diagnostic results of residents.</p> <p>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 2022 was in place.</p> <p>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 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.</p> <p>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</p>

		<p>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 acting 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 regional clinical manager stated that the infection control coordinator 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.</p> <p>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.</p> <p>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 towels used for the perineum are not used for the face. These are some of the culturally safe practices in IP observed, and thus acknowledge the spirit of Te Tiriti. The RN reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements.</p> <p>The service is working towards sourcing educational resources in te reo Māori.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was

<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>developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the regional clinical team. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP 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>	<p>FA</p>	<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. Work is in progress to include ethnicity data in surveillance records.</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, reason for 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.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were three infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. These did not reveal any significant issues.</p> <p>Designated laundry staff are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with cleaning and laundry processes.</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 restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values.</p> <p>A board member interviewed stated that Metlifecare is committed to a</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint free environment in all its facilities. They have strong strategies in place to eliminate restraint and, where acquisition has taken place and restraint is in use, Metlifecare will work with the service on strategies to eliminate restraint. As soon as practicable supplying equipment and support as required. The board clinical governance committee is responsible for the Metlifecare restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at board clinical governance level and board.</p> <p>At the time of audit two residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff and board meeting minutes documented discussions about restraint.</p> <p>In the event that emergency restraint is required, the clinical manager will determine, dependent on the situation, as to whom will debrief the staff.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by four to two in the past month.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	<p>All nine (9) residents’ files sampled identified that initial assessments and initial care plans were resident centred, and these were completed on admission. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents’ strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents’ degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents’ independent well-being were sighted.</p> <p>There were 10 overdue interRAI re-assessments ranging from 6 to 59 days. Long term, activities care plans and dietary profiles were not reviewed</p>	<p>(i) Ten interRAI assessments were overdue for review ranging from 6 to 59 days.</p> <p>(ii) Not all long term, activities care plans and dietary profiles were reviewed following interRAI assessments.</p>	<p>(i) Ensure all interRAI assessments are completed as per policy and Te Whatu Ora Te Tai Tokerau contractual requirements.</p> <p>(ii) Ensure all care plans and dietary profiles are completed in a timely manner.</p> <p>90 days</p>

<p>assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>following completion of interRAI assessments. The RN and the regional clinical manager reported that this was due to shortage of interRAI trained registered nurses at the service and only three RNs were interRAI trained, one in training and one enrolled. Recruitment of more registered nurses was underway.</p> <p>The regional clinical manager and RN reported that the service was actively working towards completing all overdue interRAI assessments. The care-plan internal audit completed identified the gap in the system and corrective measures were in place. Resident, family/whānau/EPOA, and GP involvement is encouraged. Not completing all required assessments, had a potential of not managing residents' identified needs as required. In all the care plans reviewed care needs were being identified and managed appropriately.</p>		
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Low</p>	<p>The GP completes three monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including, over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit. Outcomes of PRN medications were not being consistently documented. Medication rooms temperature monitoring was not being completed. All these gaps were identified in the regular internal medication audits and the regional clinical manager</p>	<p>(i) Effectiveness of PRN outcomes were not consistently documented.</p> <p>(ii) Temperature monitoring of medication rooms was not being regularly completed as per policy requirements.</p>	<p>(i) Ensure the effectiveness of PRN medications is consistently documented.</p> <p>(ii) Ensure medication room temperatures are completed in all wings.</p> <p>90 days</p>

		reported that there were measures in place to address this. Evidence of completed internal audits was sighted. These areas requiring improvement have the potential of not managing residents' medication in a safe and effective manner.		
--	--	---	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.