

Metlifecare Retirement Villages Limited - Parkside 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: Parkside 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: 28 November 2022 End date: 29 November 2022

Proposed changes to current services (if any): The audit included the 12 bed memory support centre that is located within this village. The memory support centre had a partial provisional audit on 7 January 2022 under the previous owner with certification issued for Selwyn Care Limited – Selwyn Heights Memory Support Unit. This was a separate audit to that which occurred for the main care home facility. This audit has included the rest home, hospital and secure dementia level care services as one service. As a result, there is now a combined total of 60 resident beds (37 at hospital level care, 11 at rest home level care and 12 at secure

dementia (memory support) level of care). This is an increase of one hospital bed since the last audit. This is thought to be due to the bed numbers at the last audit reducing by three beds which did not factor in that one of rooms that can be used for twin occupancy however was single occupancy at the last audit.

Metlifecare also has plans to build a new aged care facility on the current site to replace the current facility.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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
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

Metlifecare Retirement Villages Limited - Parkside Village is one of the group of six care homes purchased from the Selwyn Foundation effective from 1 March 2022. The facility provides rest home, hospital and secure dementia level services for up to 60 residents.

This certification audit included the 12 bed onsite memory support centre (providing secure dementia level of care), which is a new service, opening in mid-2022, and had previously been audited separately. There is an increase in one hospital bed since the last audit. This is reflecting a room that can be used for the care of two residents, and that was only counted as single occupancy at the last audit when the bed numbers were totalled at 47. The service has transitioned to a new electronic resident record management system. The onsite management team is unchanged. Metlifecare policies and procedures and clinical care processes are being implemented.

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

four areas for improvement are required. These are in relation to aspects of complaints management (two), staffing and integration of clinical records. A recommendation have been made in relation to the neurological monitoring of residents post unwitnessed falls.

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.

Some subsections applicable to this service partially attained and of low risk.

Parkside Village provides an environment that supports residents' rights and culturally safe care.

Staff demonstrated an understanding of residents' rights and obligations. There are health plans, policies and processes that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities. The service works collaboratively with Māori and Pasifika whānau to encourage a Māori/Pasifika world view of health in service delivery. Metlifecare has policies and processes in place to provide Māori with equitable and effective services based on the Te Tiriti o Waitangi and the principles of Mana Motuhake. This was confirmed by staff interviewed.

Residents receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau and include a wholistic focus. There was evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse and discrimination and their property respected.

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

There are policies and procedures in place to assist with the management of complaints.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service.

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents are admitted to Parkside Village a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are developed by a multi-disciplinary team, are individualised, based on comprehensive information, wholistic and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis with resident and whānau input.

Residents are supported to maintain and develop their interests and participate in community and social activities.

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

The food service meets the nutritional needs of the residents. Food services are provided by a contracted company that has a registered food safety programme.

Residents are referred to and transitioned 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 facility 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 family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body and management staff at Parkside Village ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. The nurse manager is the experienced and trained infection control coordinator leading implementation of this programme, supported by staff. There is a national Metlifecare infection control lead available for advice and support.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The Metlifecare senior management team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control and are provided with regular relevant training. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan. Whānau interviewed confirmed appropriate and timely communication with them is occurring.

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative 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	24	0	1	2	0	0
Criteria	0	154	0	2	2	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 Parkside Village (Parkside 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 its values. Mana motuhake is respected. Residents and family/whānau interviewed reported that staff respected their right to self-determination, and residents identifying as Māori reported feeling culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were no staff who identified as Māori at the</p>

		<p>time of audit.</p> <p>The service has links for Māori health support through tangata and (local) mana whenua organisations; Whānau Te Tonu Oruma, Hoana Waititi Marae, Ngai Tai Ki Tamaki and Ngati Paua.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Parkside Village identifies and works in partnership with Pacific communities through the Pacific Islands Support Services. There is a draft Pacific Health Plan in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has a Pasifika specific plan for managing care so that their needs can be adequately met. There is support for Pasifika residents via staff who identify with differing Pacific peoples and through local Pasifika support services.</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. There is a Pasifika non-executive Board member on the Metlifecare (MLC) Board to advise the Board on matters pertaining to Pasifika.</p> <p>The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff who identify as Pasifika in the organisation, some of whom are in leadership and/or training positions.</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</p>	FA	<p>Staff interviewed at Parkside Village understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training on the Code and the advocacy service occurred in May 2022 with 51 staff and managers attending.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service</p>

<p>requirements.</p>		<p>(Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, te reo Māori and New Zealand sign language (NZSL).</p> <p>Parkside Village has access to interpreter services and cultural advisors if required. Simple picture cards with key words in a resident's language are used to support effective communication on a day-to-day basis where the resident is unable to communicate in English. Whānau confirmed they are available to also assist as and when required and are satisfied communication is effective with their family member.</p> <p>A chaplain is employed on site and meets individually with consenting residents on at least a monthly basis. The contact details of the local Marae are available. Staff advised they would work with residents to obtain support from Pasifika and disability organisations where required. Refer to 1.2.</p> <p>Resident meetings occur and provide a forum for residents to discuss any issues/concerns, provide positive feedback and have input into relevant aspects of care home routines and be updated about Parkside Village.</p> <p>The policies, procedures and processes of MLC recognises mana motuhake. This was supported by resident and whānau interviews.</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>Parkside Village supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their privacy, culture, dignity, gender, sexual orientation, spirituality/beliefs, choices, ability and independence. Residents interviewed advised they were able to complete the activities they were able to independently and at their own pace, with assistance provided by staff as required for other activities. When cares are being provided the doors are shut. Staff were observed knocking on the doors and waiting to be invited before entering and maintaining residents' privacy throughout the audit.</p> <p>Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Māori health and</p>

		<p>Te Tiriti o Waitangi training was provided for staff in 2022 with 29 staff completing requirements. Cultural safety training also occurred with 30 staff completing requirements.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Most residents have a private room. There are currently three rooms that have shared occupancy (this is an increase from one room noted in the last audit report). These are either 'couples' (and are sharing at either their or their whānau's request) or residents of the same gender that have shared a room for a long period of time. Verbal consent is obtained for sharing a room. The senior nurse advised on occasions residents in shared rooms are moved to a single room if they have an acute period of ill-health or other clinical or personal reasons and staff regularly reassess that the room sharing arrangements remain appropriate.</p> <p>The service has started to use te reo Māori with signs on all doors in both te reo and English. Staff have a Māori 'word of the day' they are learning during staff meetings. The diversional therapists have plans to include te reo in the resident's activity programme. Tikanga is incorporated throughout all activities with additional guidance for staff readily available.</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>	<p>FA</p>	<p>Employment practices at Parkside Village include police vetting. Staff are required to follow the Metlifecare (MLC) code of conduct.</p> <p>Policies and Procedures are in place detailing the safeguards in place to protect people from abuse and neglect. Staff have been provided with training on abuse and neglect in 2022 with 21 staff attending. The nurse manager has an open door policy and staff can discuss any issues with the nurse manager privately. There are staff employed from various ethnicities and the nurse manager advised racism in any form will not be tolerated and any concerns raised by staff, residents or whānau would be followed up. Staff and resident meetings give a forum where any concerns can be raised.</p>

		<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. The nurse manager advised there have been no concerns raised by staff. Whānau confirmed staff 'interact with residents in professional, kind and caring manner'. Residents reported that they and their property is respected. Professional boundaries are maintained. A holistic te whare tapa Whā model of health is in place, along with Pasifika models of care for Pasifika residents. The philosophy of care of the facility encompasses an individualised approach working in partnership with the resident and whānau to ensure the best outcomes for all.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at Parkside Village reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format. Te reo Māori was incorporated in signage throughout the facility and plans in place to expand use of te reo (refer to 1.4.4).</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred, and this was confirmed through interview with family/whānau members.</p> <p>Evidence was sighted of communication with other agencies involved in the resident's care.</p> <p>Staff knew how to access interpreter services, if required. In addition, the interpreters contact details are noted in the applicable resident's care plan for easy reference.</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>	FA	<p>Residents at Parkside Village and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent, and respected residents right to refuse medications or aspects of care. Staff were provided with training on informed</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>consent in May 2022.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. Records are also maintained to demonstrate when enduring power of attorney arrangements have been activated for applicable residents.</p> <p>Residents are asked about their 'shared goals of care' as part of the admission process and subsequently reviewed annually or sooner if clinically indicated. In the event the resident is not competent in decision making the general practitioner (GP) advised discussions occurred with whānau, with decisions ultimately made by the GP as clinically indicated based on the residents' best interests. There is a list detailing when the 'shared goals of care' are routinely due to be reviewed for each resident.</p> <p>Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. Whanau confirmed they would support Parkside Village staff to contact and liaise with local Māori health agencies or Marae services to assist residents who identify as Māori should this be required. The contact details of the local Marae are displayed for residents. Tikanga principals in relation for informed consent are utilised as verified with applicable resident and whānau members interviewed.</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>	<p>PA Low</p>	<p>Policy and procedure at Parkside Village describes a fair, transparent, and equitable system to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Rights. Complaints received however have not followed the requirements of the policy and have been dealt with in an ad hoc manner.</p> <p>Residents and family/whānau interviewed did understand their right to make a complaint and knew how to do so. Feedback forms for making complaints were available publicly as was advocacy information. The complaints policy requires that complaints management activities should be culturally appropriate.</p>

		There have been no complaints received from an external source since the last certification audit.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body 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>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified village manager to manage the service with the support of a nurse manager who is responsible for clinical services. External support for te ao Māori and Pacific peoples is available through wider MLC organisation, from staff, and national and local organisations.</p> <p>MLC board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the MLC board of directors showed adequate information to monitor performance is reported.</p> <p>The village manager has oversight of the care facility, but this is managed by the nurse manager (NM) who has been employed within</p>

	<p>aged care for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. The NM has support available through the regional clinical manager (RCM) and the clinical director, who is part of the executive team. The management team works with staff to meet the requirements of relevant standards and legislation.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process, the exception to this is in relation to complaints (refer criteria 1.8.3 and 1.8.4). A sample of reports reviewed showed information to monitor performance is reported. The Parkside Village management team also evaluates services through meetings with residents and their family/whānau, and through surveys from residents and families/whānau, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>Staff employed by Parkside Village have completed health equity and equality, diversity and inclusion training in 2022.</p> <p>There are 60 beds available. This includes the new 12 bed memory support centre (secure dementia care) that was previously audited separately and located on the other side of the campus; 11 beds on the upper level of the main care home used for the provision of rest home level care, and 37 beds for the provision of hospital level care on ground level floor of the main care home building. This is an increase in one hospital level care bed from the last audit. The bed numbers at the last audit are reported to have not included the room that can be used for up to two residents.</p> <p>The service holds contracts with Te Whatu Ora - Health New Zealand Te Toka Tumai Auckland for the provision of rest home, hospital and dementia care services, short term (respite) care, orthopaedic Interim care, and with the Accident Compensation Corporation (ACC). Forty-three (43) residents were receiving services at the time of audit, eight receiving rest home services, 25 receiving hospital level services, and 10 receiving dementia level care.</p>
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<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 that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. With the exception of complaints (refer criteria 1.8.3 and 1.8.4), relevant corrective actions are developed, documented and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies and procedures are in place to manage any potential inequity in the service.</p> <p>The regional clinical managers (RCM's) and nurse manager (NM) understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident and family/whānau satisfaction surveys (2022) were primarily favourable with corrective actions raised where deficits in service were identified. Areas for improvement identified from the survey related to meals, laundry, and activities and these have been addressed.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse events are not yet viewed through an equity lens, no ethnicity data is collected in respect of them.</p> <p>The NM understood and has complied with essential notification reporting requirements. There have been three section 31 notifications completed since the last audit. These related to two pressure injuries (one entered the service with the pressure injury, one was facility acquired), and a resident wandering away from the premises.</p>

		<p>Staff have input into the quality programme through quality, health and safety, staff, infection control, and restraint meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by the NM once completed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally 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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) using an acuity spreadsheet. The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Health Care Assistants (HCAs) interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is rostered 24/7 registered nurse (RN) coverage in the facility, however the registered nurse on afternoon and night shift is required to respond to emergencies and manage neurological observations and controlled drug administration where required in the memory support centre (MSC) which is sited away from the main aged care facility. This means that when they are attending at the MSC there is no RN on site in the main aged-care facility.</p> <p>Staffing for the aged care part of the facility comprises of rostered RN cover over seven days per week. There are two RNs on a morning shift, supported by the NM and/or a senior RN Monday to Friday and on-call. Afternoon shifts have one RN rostered and there is one RN on night shift; all shifts are eight-hours. The RNs are supported by HCAs; seven in the morning (four HCA work seven and a half hours, and three HCA work a six-hour shift); five in the afternoon (three HCA work seven and a half-hour shifts and two HCA works six-hour shifts); and three on night shift (all eight-hour shifts).</p> <p>Staffing for the MSC comprises of an RN in the morning over five days per week supported by the NM and/or a senior RN from the aged-care facility. When the RN is on shift, they are supported by an HCA care supervisor and two further HCAs. When the RN is not on site, in the afternoon, on night shift and weekends, there is a HCA care supervisor</p>

	<p>supported remotely by the RN from the adjacent aged care site. The HCA care supervisor is supported in the afternoon by three HCAs, and at night one by two HCAs.</p> <p>The service also employs a diversional therapist (DT) who works Monday-Friday and an activities assistant who works three days a week including the weekend. Domestic services (cleaning) are carried out by dedicated staff seven days per week, laundry and food services are externally contracted. Support staff include an administration, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control or restraint portfolio.</p> <p>Continuing education is planned on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based competency training to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Related competencies are assessed and support equitable service delivery. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Staff working in the memory support centre have either completed or have been enrolled in the required dementia qualification to support people experiencing dementia.</p> <p>Training and competence support is provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management (including fire drills), and pandemic planning including the use of personal protective equipment (PPE).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of six staff records were reviewed (one RN, three HCAs, one diversional therapist, and one domestic) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Orientation packages are comprehensive and cover all the facility information and competencies required by the person in their position (e.g., fire and emergency management, moving and handling, medication, chemicals etc.)</p> <p>Staff performance is reviewed and discussed at regular intervals. Staff reported having input into their performance appraisals.</p> <p>Staff information is secure and accessible only to those authorised to use it. Ethnicity data is recorded and used in line with health information standards.</p> <p>The service understands its obligations to recruit in line with the Ngā Paerewa standard. It is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including in leadership and training roles) dependent on vacancies and applicants.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the general practitioner (GP), physiotherapist, pharmacists, podiatrist, and dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>PA Moderate</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any</p>

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>paper-based records are held securely and available only to authorised users.</p> <p>Residents' records are in both electronic and hard copy files. Records are integrated except for general practitioner and nurse practitioner (NP) records (refer criterion 2.5.2). They are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, legible and met current documentation standards.. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Staff have unique passwords for accessing resident information systems and medicine management systems.</p> <p>There were examples where consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>The facility is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>Residents are admitted to Parkside Village when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care the facility provides. The care home provides rest home, hospital and secure dementia level of care, and on occasions orthopaedic interim care (rehabilitation). All residents admitted to the memory support centre are required to have an activated EPOA prior to admission along with specialist referral to the service.</p> <p>Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them prior to and on admission. Files reviewed met contractual requirements. A process is yet to be implemented to identify the ethnicity of enquirers and undertake routine analysis of entry and decline rates. There are residents at the time of audit who identify as Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau. The</p>

		<p>nurse manager advises this is very rare.</p> <p>Parkside Village is working with whānau to ensure residents cultural needs are being met. Whānau interviewed confirmed the service is working in partnership with them to ensure appropriate and meaningful cultural relationships and Māori health supports are established as relevant to the individual residents wishes and needs.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Parkside Villages works in partnership with the resident and family/whānau to support the resident's wellbeing. Seven residents' files were reviewed. Three of these were hospital resident files, two were files of rest home residents and two files were of residents requiring secure dementia care. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial nursing assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews (including with the GP), and from observations. GP/NP records were not consistently available in some sampled resident files. The integration of clinical records is raised as an area for improvement in 2.5.2.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability. Two GP's routinely visit Parkside Village, with one coming on Tuesdays and one coming on Fridays. There are other GPs and a nurse practitioner (NP) available for advice and support via the GP clinic during working hours, and on call after 6 pm until 8 am weekdays and</p>

		<p>24/7 on weekends and public holidays. Staff interviewed, and sampled records verified that timely GP or nurse practitioner (NP) support is available.</p> <p>The dietitian is referred residents when clinically indicated and a physiotherapist comes on site two days a week. The physiotherapist sees all new residents, any resident at the request of nursing staff, and residents following a fall. The physiotherapist also reviews residents six monthly prior to InterRAI reassessments. The physiotherapist noted there are effective communication processes with MLC nursing staff in place. A podiatrist also visits regularly and is provided a list of residents to be reviewed.</p> <p>Families are asked to complete a comprehensive 'all about me' document to help care staff gain better insight to the needs, history, social interests and preferred activities. This is used to inform the care plan and the 24-hour care plan is developed for residents in the memory support centre within 21 days of admission. This details the resident's normal routine and activities over a 24-hour period.</p> <p>The resident files reviewed were residents under ARRC services. There were no residents receiving services under Accident Compensation Corporation (ACC), respite or orthopaedic interim care contracts.</p> <p>Incident/events forms have been completed for all applicable sampled events in the seven sampled resident records including falls (both witnessed and unwitnessed), a pressure injury, and a medicine error, as well as an infection reported and included in the Parkside Village infection surveillance data.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and</p>	<p>FA</p>	<p>The diversional therapist has been employed for approximately three weeks and has worked to review resident activities plans. The DT is supported by an activities assistant that works three days a week including the weekend. The care staff in the memory support centre facilitate the activities programme on a day-to-day basis with input from the DT.</p> <p>An activities calendar is displayed detailing the programme for the week. There is a programme in the rest home and hospital and a</p>

<p>unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>different one in the memory support centre. Special dates and events are celebrated.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities are planned to incorporate residents' goals and interest, ordinary patterns of life and included normal community activities (when COVID-19 restrictions permit). Family members interviewed advised the recent Covid-19 outbreak impacted on the activity programme in the memory support centre, and they are looking forward to a wider variety of activities being available now this outbreak is over. Van outings occur fortnightly, and residents in the MSC are scheduled to go on the next van outing.</p> <p>Chapel services occur on Sundays in the Village chapel. A service is also provided in the rest home/hospital on a weekly basis for residents that choose to attend. The chaplain is working towards starting a regular service for residents in the MSC in the next two or three weeks. One resident in MSC is assisted to the Sunday Village chapel services by family.</p> <p>Animal therapy is provided with assistance of two 'volunteer' dogs. Visiting entertainers were in the hospital and rest home as part of a group activity programme.</p> <p>The DT has plans to start to give residents opportunity to participate in te ao Māori.</p> <p>A 24-hour plan is developed for residents in MSC detailing the resident's usual routine and activities over a 24 hour period. This is developed within 21 days of admission and reviewed at least six monthly.</p> <p>Participation in the activities programme is voluntary. Residents and family members confirmed this and noted where the resident prefers to do individual activities, this is respected by staff.</p> <p>Residents' meetings occurred and these enabled residents to express concerns or offer suggestions to improve the services being provided including activities programme.</p>
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<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 at Parkside Village is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit in the rest home, hospital and MSC areas. All staff who administer medicines are competent to perform the function they manage. There has been a recent increase in the number of staff trained and assessed as competent for medicine management.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are checked against the order list and resident medication records on delivery and are stored safely. Controlled drugs are stored in the hospital, and are signed out by two staff, at least one who is a RN. The required weekly balance and six-monthly quantity stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Parkside Village. Vaccinations are not stored on site.</p> <p>Self-administration of medication is not currently occurring at Parkside Village. However, there are policies and procedures in place to ensure this can be managed safely if required.</p> <p>Residents and their whānau, are supported to understand their medications as verified by interview. Whānau advised a RN always phones them to discuss any proposed changes in medications including doses.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication, and examples of this were sighted.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The food service provided at Parkside Village is provided by an external contractor. Food served is in line with recognised nutritional guidelines</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>for older people. The menu was reviewed by a qualified dietitian on 23 June 2020. A new summer menu is currently under development.</p> <p>A verification audit of the food control plan was undertaken in April 2022. One area for improvement was identified in relation to checking the temperature of chilled and frozen food items on delivery. A recent internal audit by the catering service identified this component was inconsistently documented in recent weeks and additional actions have been put in place to address this issue. Other aspects of the food safety programme are being implemented. Food is being transported from the main village kitchen to the MSC and rest home/hospital via a hot box. Food is then placed in a bay Marie in the rest home/hospital while being plated and served, and the holding temperature is monitored and recorded. Food is served to residents directly from the hot box in MSC. Other food items are available for residents to eat when requested/wanted 24/7 in the MSC.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Substitute items are provided if the resident has an allergy or dislike.</p> <p>Residents’ satisfaction with meals was verified by most residents and family/whānau interviewed. One resident had made a complaint about food services and was satisfied this had been addressed. A resident made a new dietary request during interview, and this was communicated to the senior RN for follow-up.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Residents can eat in their room if this is their preference, or they are unwell; otherwise, staff assist the residents to the dining room as required. Residents were observed being assisted as required with their food and beverage needs in a respectful manner. The dining room provided an appropriate calm environment, with a resident volunteering to do a blessing prior to meal service.</p> <p>There were Māori and Pasifika residents on site at the time of audit. The catering service advise as part of the current menu development/review, consideration will be given to having specific</p>
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		options for Māori and Pasifika resident dietary needs.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from, or to Parkside Village is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The facility uses the Te Whatu Ora Health New Zealand Te Toka Tumai Auckland yellow transfer envelope, and provides copies of the medication record, recent GP notes, the last three days of residents' clinical records, EPOA and advanced directives and next of kin/contact details when residents are transferred to acute care services. Resident and family/whānau interviews reported being kept well informed during the transfer of their relative or on occasions the collaborative decision is made to keep the resident in the care home.</p> <p>Discharge summaries from acute care services are received, reviewed and acted upon and were present in the applicable sampled resident's clinical record.</p> <p>Where existing residents level of care is thought to have changed, an updated interRAI assessment is conducted, a GP assessment completed and the resident referred to NASC for reassessment of the level of care.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a current building warrant of fitness.</p> <p>There are plans for a further building project at Parkside Village. MLC</p>

		<p>are planning to build a new aged-care facility on the site.</p> <p>The environment in the care home and the MSC was comfortable and accessible, promoting independence and safe mobility. The MSC was secure with 'fob' entry into the building. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups, smaller spaces for resident/family/whānau engagement were available in both buildings. Each area has shared lounge and dining facilities which are also used for activities. External areas are planted and landscaped with appropriate seating and shade. The garden area in the MSC is secure. There are adequate numbers of accessible bathroom and toilet facilities throughout the care facility and rooms in the MSC have an ensuite. There are separate toilet facilities for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference.</p> <p>All rooms have an external window which can be opened for ventilation; safety catches are in place. Heating in the care centre is through gas central heating with heat pumps for cooling in common areas, and underfloor heating in the MSC.</p> <p>Corridors are wide enough for the safe use of mobility aids and there are handrails in place in the care facility. Residents were observed moving freely with mobility aids around the care facility and the MSC during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evacuation plan for the care facility was approved by the New Zealand Fire Service on 24 October 2002 and for the MSC on 6 December 2021 and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly for the care facility, most recently on 1 July 2022. Fire and emergency management training has been undertaken as required in the MSC in 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Call bell response times are monitored. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. The MSC is secure with electronic 'fob' access into and out of the building except into garden areas. The doors unlock automatically in an emergency and procedures are in place to manage the residents safely should this occur. Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7 (refer criterion 2.3.1).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of infection control (IC) and AMS information. They provide information on planned IC and AMS programmes (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process and includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels; through the clinical team, the clinical management team, and through the clinical governance team to the board.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The nurse manager (NM) is the infection control nurse (ICN) coordinator at Parkside Village and is responsible for overseeing and</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>implementing the infection prevention (IP) programme.</p> <p>The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The NM has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and reviewing policies. The NM has access to other infection control (IC) expertise via the MLC infection prevention control (IPC) lead, membership of an external infection prevention (IP) consultancy company, and the IP nurses at Te Whatu Ora Health New Zealand Te Toka Tumai Auckland if required. The ICN works in partnership for the protection of culturally safe IP practices that acknowledge the spirit of Te Tiriti. A cultural adviser is reported to be reviewing the IC programme at a national level, and whānau are consulted locally where applicable.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Training and competency assessments were ongoing throughout 2022 with staff reporting feeling well supported.</p> <p>Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. The service is working to identify what IC resources are available in te reo Māori.</p> <p>There is a pandemic plan in place with sufficient PPE available if this is activated. There have been clusters of Covid 19 in the care home in 2022 (refer to 5.4).</p> <p>Reusable medical devices are decontaminated in line with best practice guidelines. The NM advised single use items are not reused.</p> <p>Visitors are no longer required to do a rapid antigen test (RAT) prior to visiting but must present at the main reception area and successfully complete the electronic COVID-19 risk assessment screening process.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Parkside Village is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is a recently introduced AMS programme in place, linked to the infection surveillance programme. The NM identified antimicrobials should only be used if clinically indicated and an infection confirmed. Antimicrobial treatment prescribed is reviewed when microbiology results are received to ensure any treatment is appropriate. In one sampled resident file, the GP had reviewed a resident and recommended an alternative treatment in response to concerns raised by staff rather than prescribing an antibiotic.</p> <p>The appropriateness and the effectiveness of the treatment of individual resident infections is monitored and recorded in the surveillance programme and data benchmarked with other MLC providers. The overall AMS programme will be evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Parkside Village uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at the staff meeting. Surveillance data now includes ethnicity data, although this information is yet to include in the infection analysis reports sighted. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. Infection data is reported for the rest home and hospital and the MSC separately and reported per 1000 occupied bed days</p> <p>There have been several clusters of COVID-19 at Parkside Village. The most recent occurred in October/November 2022 and involved nine residents and two staff in the MSC. The NM maintains a register of residents and staff that were symptomatic, COVID-19 rapid antigen test (RAT) test positive and actively monitored prevention interventions and</p>

		<p>changes as they were introduced or changed in accordance with organisation policy and national best practice guidelines over time. Individual resident positive results as well as 'cluster' reports were submitted to the funder. Investigations and appropriate interventions to minimise ongoing transmission were undertaken. Whānau stated there was prompt communication with them and changing infection prevention and control requirements clearly identified.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. Policies and procedures are in place for cleaning, laundry and waste management, including sharps. A cleaning schedule for facility equipment indicates frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from residents through the satisfaction survey and internal audit processes. Family/whānau interviewed were complimentary on the cleanliness of the facility.</p> <p>Laundry processes are conducted through an external contractor and monitored for effectiveness.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms which are locked when not in use.</p> <p>Relevant staff have completed appropriate training and competencies and were observed to carry out duties safely. The NM (and IP nurse) has oversight of both the care facility and the MSC in relation to infection prevention and control.</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>FA</p>	<p>Metlifecare is committed to a restraint free environment for its facilities and Parkside Village is restraint free. Restraint has not been used in the facility since 2018. The NM and RCM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to</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>maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2022 education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RCM in consultation with the NM and the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and the register includes enough information to provide an auditable record should restraint be again used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since 2018, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>No complaints were reported in 2021/2022. There were eight complaints in 2020. Interviews with residents and their family/whānau and minutes of resident meetings indicated that complaints in relation to food services had been made. Further investigation elicited that there had been six food related complaints in 2022. These had not been dealt with as per the MLC policy and procedure. The complaints had been forwarded to the kitchen, which is a contracted service, the kitchen had met with the complainant and rectified any issues with them, but there was no management intervention or oversight around how these complaints were managed. The complaints were not added to complaints register and had not been documented by the service's management.</p>	<p>Six complaints in relation to food were managed in an ad hoc manner, did not follow the policy and procedure of MLC and were not documented by the service's management.</p>	<p>Manage and document all complaints in line with the MLC complaints policy and procedure.</p> <p>90 days</p>

<p>Criterion 1.8.4 I am informed of the findings of my complaint.</p>	<p>PA Low</p>	<p>Complaint responses were written on the Feedback Form which did indicate that action had been taken. The manager of the service did not have this information available until specifically asked. There was no evidence that the complainant(s) had been informally or formally informed of the outcome of their complaint by the manager of the service who has the responsibility for managing complaints.</p>	<p>Complainants were not informally or formally informed of the outcome of their complaint by the manager of the service.</p>	<p>Complainants are informally or formally informed of the outcome of their complaint by a manager of the service, and this is documented.</p> <p>90 days</p>
<p>Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>Staffing for the aged care part of the facility comprises of rostered RN cover over seven days per week and the MSC five days per week in the morning. When there is no registered nurse in the MSC the RN from the aged care facility is required to respond to emergencies and manage neurological observations and controlled drug administration. The MSC is geographically sited away from the main aged care facility. This means that when they are attending the MSC there is no RN on site in the aged-care facility.</p> <p>The MLC has already recognised this as an issue and have a business case in place to manage the situation so that the aged-care facility is able to have an RN in place at all times while providing appropriate support for the MSC. They are currently looking to recruit RN or enrolled nurse (EN) cover to manage the MSC when the RN currently employed is not present.</p>	<p>There is a requirement for an RN to be on duty in the aged care facility, which includes hospital level residents, 24 hours per day, seven days per week. When the RN is required to attend the MSC, there is no RN on duty in the aged care facility.</p>	<p>Review staffing to ensure there is a RN on duty in the hospital wing at all times.</p> <p>90 days</p>

<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>	<p>PA Moderate</p>	<p>In sampled files there were occasions where GP/NP had reviewed the resident however, records were not initially available. Staff advised this was because the applicable GP/NP types up the notes in their own information management programme used in their clinic, then emails a copy of the notes for inclusion in the resident files. While some GP/NP documentation had been subsequently saved in the applicable resident's records this is not consistent. Two out of four resident records sampled (the sample size was increased for this aspect) in the MCS, did not have records related to their initial GP review in their records. These were subsequently located and included during the audit. The GP or NP records related to the treatment of a MSC resident who had a urinary tract infection (UTI) could also not be located in the resident's file.</p>	<p>Clinical notes from the GP and/or NP are not being consistently integrated into the resident's clinical record.</p>	<p>A process to ensure clinical notes from the GP and/or NP is to be put into place to ensure there is integration of the residents file with all clinically relevant documentation.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.