

Metlifecare Retirement Villages Limited - Edgewater

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:	Edgewater
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 January 2023 End date: 11 January 2023
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:	24

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

Edgewater Care Home provides rest home and hospital level care for up to 24 residents. The service is owned by Metlifecare. Edgewater Care Home opened in April 2022. The care home is managed by a nurse manager with input from the regional clinical manager (RCM) and a regional operations manager (ROM). The nurse manager is supported by a senior registered nurse who oversees day to day service delivery and the health status of residents in the care home.

This certification audit was conducted against Nga Paerewa the Health and Disability Services Standard 2021 and the service's contract with Te Whatu Ora – Counties Manukau. The audit process included a pre-audit review of policies and procedures, consideration of residents' and staff records, observations and interviews with residents, their families, management, care and clinical staff, the contracted general practitioner was interviewed who provides medical oversight and care.

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

The audit has resulted in no identified areas for improvement. The clinical director of nursing was present by zoom at the closing meeting.

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.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Pacific people are provided with services that recognise their worldviews and are culturally safe. Edgewater Care Home provides Māori with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs.

Policies are in place to support residents' rights, communication, complaints management and protection from abuse. Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected.

Residents' personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment.

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

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if needed. Residents and family members are informed of the complaints process during admission, confirmed by residents and families during interview.

Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

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 the Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

Staffing level and skill mix met the cultural and clinical needs of the residents. Staff were appointed, orientated and managed using effective employment practices. 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. Document control systems ensure organisational information is current and easily accessible to those who require it.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service's policies and procedures provide documented guidelines for access to the service. The entry to service process is efficiently managed. There is a paper-based system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

The ethnicity data is collected as part of the initial enquiry.

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Interventions are appropriate and evaluated by the RNs as per policy requirement.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whanau, residents, and staff. Residents and family/whanau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. All medications are reviewed by the general practitioner (GP) every three months. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritious snacks are available for residents 24 hours a day, seven days a week. Food is safely managed. Residents verified satisfaction with meals.

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.
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The facility meets the needs of residents and was clean and well maintained. There is a current certificate of public use. Electrical equipment and calibration is current and up to date. External areas were accessible, safe and provided shade and seating in the courtyards provided. The buildings and grounds meet the needs of people with disabilities.

Staff have received training in emergency procedures, attended fire drills, use of emergency equipment and locality of emergency supplies. Staff, residents and family understood emergency and security arrangements for the care home. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. A suitably qualified senior registered nurse leads the programme.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices. The laundry is done off site through a contracted provider.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint free environment which is supported by the governing body and policies and procedures. No residents are using restraint. There are clearly described procedures for assessment, approval, monitoring, evaluation and review should this occur. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	167	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Metlifecare (MLC) has an overarching Māori Health Care Plan 2021-2022 which guides on delivering care to Māori using te whare tapa whā and ensuring their mana motuhake is respected. The documentation reviewed contained templates for cultural assessments and Māori health care plans and NZ strategy documents to inform culturally safe practices.</p> <p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all respects of its work. There was ongoing investment in staff, leadership and Board training and education. Six members of the board of directors have completed the Te Kaa cultural competency programme; and graduated October 2022. The course has allowed the members to explore new ways of thinking in the organisation.</p> <p>The board opens every meeting with a mihi and waiata, and plan to raise the visibility of the unique relationship with Māori in New Zealand (NZ) in a ‘business as usual way’ despite having international board</p>

		<p>members. The changes have been well received by the board.</p> <p>Metlifecare are using the guidance of an external contractor – Maurea to inform their models of care and service delivery. They are assisting by sourcing marae/iwi support for all MLC facilities in NZ.</p> <p>Metlifecare proactively recruits staff, however there are no staff who identified as Māori on the day of the audit. The Nurse Manager (NM) and Regional Clinical Manager (RCM) and other senior managers on site during the audit, demonstrated knowledge and understanding about equity versus equality, specifically in relation to Māori and provision of culturally safe care for residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The MLC Pacific Health Plan July 2022-2024 contained detailed objectives and action steps aimed at enduring culturally inclusive service delivery for residents who identify as Pasifika. There is one resident and one staff member who identify as Pasifika. The policies and models of care (Fonofale and Te Vaka Atafaga) were used to guide staff in developing and providing safe services for residents. Consultation has been sought from Pacific providers to ensure optimum outcomes for Pacific people are achieved.</p> <p>There is a non-executive director who is Pasifika who ‘sits on the board table’ and can advise regarding Pasifika health equity and wellbeing for Pacific peoples. MLC understands the quality issues faced by Pacific peoples and when needed can access guidance from the person around care and service for Pasifika. The care plans reviewed contained a care plan, which reflected a Pacific model of care. Cultural and spiritual beliefs are considered and are reflected on the care plans reviewed.</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-</p>	FA	<p>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.</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p> <p>Staff interviewed 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.</p> <p>The Code and the Nationwide Health and Disability Advocacy Service posters were prominently displayed in the dining room. The Code was available in English and Māori language. Advocacy leaflets are readily available and accessible in different languages.</p> <p>The senior registered nurse 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. Te Tiriti: Service providers commit to Māori mana motuhake. 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 and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected: staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p> <p>Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff interviews described how they support residents to choose what they want to do. Residents stated they had choices and are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Staff were observed to use person-centred</p>

		<p>and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training part of the education completed. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Resident's spiritual needs are identified, church services are held, and spiritual support is available. Residents and whānau confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki. Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of involving family/whānau in the delivery of care. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga and Te reo resources are available on the education platform.</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>Family and staff members stated that residents were free from any type of discrimination, harassment, physical, sexual abuse, neglect or exploitation and were safe.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p> <p>The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation. Residents confirmed that they are treated fairly.</p>

		<p>Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors' and residents. This also includes definitions, signs and symptoms, management of residents' property, and finance and reporting requirements. The senior registered nurse 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 clinical nurse manager (CNM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings and satisfaction surveys.</p> <p>A strengths-based and holistic model of care using Te Whare Tapa Wha is utilised to ensure wellbeing outcomes for Māori.</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>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau. Residents and family members interviewed stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. 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 files.</p> <p>Information is provided to residents and family/whanau on admission. Three monthly resident meetings identify feedback from residents and</p>

		<p>consequent follow up by the service. Residents and family interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails.</p> <p>Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Appropriate supports were in place. Staff have completed annual education related to communication with residents with a speech impairment and cognitive disabilities.</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>	FA	<p>Staff interviewed understood the principles of informed consent. Informed consent is obtained as part of the admission documents which the residents and/or their nominated legal representative signed on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were signed by residents who were competent and able to consent. Advanced directives and care planning if available is considered. Staff were seen to obtain consent for daily cares. The informed consent policy considers appropriate best practice tikanga guidelines in relation to informed consent.</p> <p>Residents confirmed that they are provided with information and are involved in decision making about their care. Where required, a nominated support person is involved family/whānau, with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or enduring power of attorney (EPOA) is provided on admission. Communication records verified inclusion of support people where applicable.</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</p>	FA	<p>Metlifecare Edgewater has a fair, transparent and equitable system in place to receive and resolve complaints that leads to improvements of service provision. This meets the requirements of the Code. Residents and family interviewed understood their right to make a complaint and knew how to do so. There were four complaints/concerns received</p>

<p>their care and support. 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>since the service commenced nine months ago. The documentation sighted showed that the complaints had been acknowledged, complainants had been informed of finding following investigation and early resolution had been sought and closed out effectively.</p> <p>The nurse manager is responsible for complaints management and follows the MLC reporting process through to the nursing director as required. A register is maintained of any complaints received. The nationality of all residents is maintained to ensure equity occurs for residents who identify as Māori.</p> <p>There have been no complaints from external agencies since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups, honouring the Te Tiriti and being focused on improving outcomes for Māori and people with disabilities. Metlifecare are well underway in implementing systems and processes to monitor health improvements for Māori and tangata whaikaha in their care, ensuring their services are equitable and identifying any perceivable barriers. As previously mentioned, MLC are using Maurea to inform policies and procedures around equitable services and care directed to Māori. Consultation is sought when information is needed to be clarified, developed and/or implemented across the organisation.</p> <p>There is a Māori Health Plan in place which will be reviewed as changes required become more apparent. Templates for cultural assessments and Māori health care plans and NZ health strategy documents are available to inform culturally safe practices.</p> <p>Metlifecare have a Quality and Risk Programme which is a strategic plan for the organisation that is reviewed annually. The Edgewater Care Home and Village Business Plan 2022/2023 was reviewed. This plan was prepared by the NM, Village manager (VM), RCM and the operations manager (OM). The plan contains continuous quality improvement aims and objectives and current risk plans. Objectives are time framed with action steps which the NM reports on regularly. A sample of monthly reports to the senior management and leadership</p>

	<p>were reviewed. These reports showed adequate information being provided. Key performance data is used to monitor organisational and site-specific performance.</p> <p>Recruiting and retaining people is a focus for MLC. The NM interviewed has a full staff to meet the needs of residents for Edgewater Care Home and is concentrating on maintaining the retention of staff. Ethnicity of staff is recorded, and a staff register is maintained.</p> <p>The NM has a current annual practising certificate and has a Master of Nursing qualification, is very experienced in aged care and has worked in the sector for ten years. The NM has recently completed a comprehensive primary health care leader development course “Influential Leaders” at Te Whatu Ora Waitemata 2022.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. If clinical this is through the clinical advisory group (CAG) which reports clinical data to the clinical governance group. The MLC clinical governance reporting structure goes from facility to executive clinical governance to board clinical governance (a sub-committee of the board) and then to the board. The board clinical governance committee meet three times per year and prior to board meetings. The committee takes an in depth look at clinical and quality indicators for example complaints, adverse events, infections, antibiotic use, restraint use and staff development and education. This is analysed for any trends, and strategies are agreed upon to present to the full board. These activities in turn inform the strategic planning process and annual facility plan.</p> <p>Metlifecare utilise the skills of staff and supports them in making sure barriers to equitable service delivery are surmounted. The organisation facilitates resident and family participation in planning, implementation, monitoring and evaluation of service delivery via regular multi-disciplinary meetings, informal feedback, one to one discussions and annual resident satisfaction surveys. Metlifecare has a resident representative on its executive level clinical governance group. A survey has not been undertaken at Edgewater Care Home, as the</p>
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		<p>service has only been in operation for nine months.</p> <p>Edgewater Care Home holds an age-related residential care agreement (ARRC) with Te Whatu Ora-Counties Manukau for hospital (geriatric and Medical), rest home and respite care. On the day of the audit there were 24 residents. Hospital (19) residents and five rest home level care. No residents were receiving respite level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system which reflected the principles of continuous quality improvement. It comprised reporting and management of incidents and accidents including clinical incidents, complaints, internal auditing and monitoring of outcomes, interRAI, restraint elimination and infection prevention.</p> <p>Terms of reference and meeting minutes reviewed confirmed that adequate reporting systems and discussions occurs on quality matters. Regular review and analysis of quality indicators occurs monthly and related information is reported. Clinical management team meetings and clinical governance meetings are minuted. These contained details and discussion on quality monitoring outcomes, health and safety, infection prevention and restraint. Pressure injuries, falls, complaints, incidents/accidents/events, infections, audit results and activities are documented.</p> <p>Corrective action planning occurs. This demonstrated a continuous process of quality improvement was occurring. Any service gaps identified are communicated to staff.</p> <p>A resident satisfaction survey has not been arranged as the service has not been operating for one year however residents, staff and family are encouraged to provide any feedback or areas of concern to the senior registered nurse or to the NM anytime.</p> <p>Policies and procedures cover all aspects of the service and contractual requirements, and these were current. The document control system is managed by the organisation's head office and ensures a systematic and regular review process, referencing of resources, approval, distribution and removal of any obsolete documents.</p>

		<p>The NM interviewed described the processes for the identification, monitoring and reporting of risks and development of any mitigation strategies. The risks documented in the site-specific continuous improvement plan and the risk and hazard plans showed the addition of any new risks identified as the service has grown. The manager is aware of the Health and Safety at Work Act (2015) and its requirements are implemented. All visitors to the facility are informed and reminded of the health and safety and infection prevention on entry to the service. A visitor/contractor book is signed on entry and exiting the care home.</p> <p>Essential notification reporting requirements are well understood by the NM. No essential notifications have been submitted since the service commenced operation.</p> <p>The organisation has developed and is implementing processes for gathering and measuring health equity. A number of internal audit processes are in place to capture this information which will contribute towards achievement.</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>FA</p>	<p>There is a MLC documented and implemented process for determining staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week (24/7). All staff were working in ways that were culturally safe and had received in-service education on how to deliver health care that is responsive to the needs of Māori. There are currently no Māori residents and/or no Māori staff members, but other staff employed are fluent in different languages.</p> <p>The service is fully staffed with a total of twenty-five staff members including two management staff across the service. There is one registered nurse on duty each shift over the 24 hours a day seven days a week. There are six registered nurses (RNs) including the NM. The senior registered nurse and the NM cover the after- hours. Metlifecare has their own regional staff bureau if needed. Residents and family interviewed stated that staff were always attentive to their needs and that call bells were answered within a reasonable timeframe. Four registered nurses including the nurse manager are interRAI competent and one RN is enrolled in the training for 2023.</p>

		<p>Edgewater Care Home is divided into two wings with a maximum of 12 residents in each wing. Each wing has two care staff rostered on the morning and afternoon shifts, plus an activities coordinator each day. The senior registered nurse works on the day shift as well as the NM. There is a RN at night and one care staff. Rosters sighted, interviews with staff and observations revealed that there was adequate staff to cover this facility daily. There is medical cover 24 hours a day seven days a week.</p> <p>Allied health staff including the activities coordinator, household and kitchen and maintenance staff were allocated sufficient hours to meet the residents' needs and to provide smooth service delivery seven days a week. Staff managed the preparation of laundry for the outsourced laundry service. The contracted health professionals such as the dietitian, pharmacist, pharmacist technicians, medical staff (2), podiatrist, speech language therapist and physiotherapist have designated times to visit the facility.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continual education subjects such as infection prevention related to COVID 19, donning and doffing of personal protective equipment (PPE), emergency planning including fire drills, civil defence, manual handling and hoist training are provided.</p> <p>Care staff employed are mostly experienced in aged care and have completed a New Zealand Qualification Authority (NZQA) education programme to meet the providers' agreement with the funder. There are 13 care staff with nine care givers qualified as Level 4, one level three, two level 2 and one newly employed is yet to be enrolled in the training. All registered nurses are trained in first aid. Competencies are being completed and records are maintained by the NM as part of orientation and ongoing education.</p> <p>Metlifecare supports staff in various ways to promote their wellbeing and provide positive work environments.</p>
Subsection 2.4: Health care and support workers	FA	Human resource management policies and processes are based on good employment practice and relevant legislation. The recruitment

<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>and employment process includes referee checks, police vetting, proof of vaccination status and confirmation of qualifications prior to commencement of employment.</p> <p>The staff records sampled confirmed the organisation's policies and procedures were being consistently implemented. Signed individual agreements and current position descriptions that described the role, authorities and responsibilities were sighted in hard copy records. These included position descriptions for the restraint coordinator and the infection prevention nurse. Hard copy records confirmed all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy board, physiotherapist and podiatry and dietitian boards. There is a process to review this status annually.</p> <p>MLC employs a 'People Business Partner' who was present at this audit to provide support to staff and the NM for this audit process. The role is to strengthen and assist the senior management team when employing new staff or to address any staffing issues. The focus is on recruitment and retention of staff. All staff records are being transitioned to electronic records.</p> <p>Electronic and hard copy personnel records were accurate and stored in ways that were secure and confidential. Records contained information that met the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity was recorded and used in accordance with HISO.</p> <p>New staff are provided with a comprehensive orientation/induction programme, tailored for their individual roles including an extensive range of competency assessments. Staff interviewed about the effectiveness of their induction process commented positively.</p> <p>Performance appraisals are yet to be completed as staff have not been employed for one year. MLC governance was introducing a new approach to performance review and recognition and this is to be implemented across all MLC services. Staff are involved in debriefing after any incidents and/or events that have occurred.</p>
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<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>All necessary demographics, personal, clinical and health information is fully completed in the residents' records sampled for review. Clinical records are current, integrated and legible and met current documentation standards. Consent is obtained on admission for the collection of health information for all residents. Residents' information is stored securely in the nurse's station in a filing cabinet in a locked room. This includes interRAI assessment information entered in the momentum electronic database. Designations of persons making entries are identifiable. Archived records are held on site and are readily retrievable. Staff records are well documented and the hard copy records are being transitioned to an electronic system.</p> <p>The provider is not responsible for registering residents' national health index (NHI) numbers. All residents have an 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 Edgewater Care Home 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 family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home and hospital level of care were in place.</p> <p>Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. Work is in progress to implement routine</p>

		<p>analysis of entry and decline rates including specific rates for Māori. There were no Māori resident in the facility at the time of the audit. The provider is already working in partnership with a Maori Health provider and is establishing links with the local Maori community.</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 service uses both electronic and paper-based record management systems. The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning.</p> <p>All residents have current interRAI assessments completed within three weeks of an admission by one of four trained interRAI assessors on site which included the clinical nurse manager. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Care plans were person centred, developed with the residents and their legal representatives or family where appropriate and includes wellbeing, community participation, meeting physical needs and health needs of residents. Where appropriate, early warning signs and risks</p>

	<p>that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Care plans evidence service integration with progress notes, activities records, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. All staff, having read any changes to care plans, are required to sign alongside the change in acknowledgement. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. Although the service doesn't have any Māori residents, there is Māori health plan which includes Māori healing methodologies, such as karakia, mirimiri and rongoā. Resident's preferred cultural customs, values and beliefs were included using Te Whare Tapa Whā model of care. The care planning process is such that it supports Māori residents and whānau to identify their own pae ora. The staff confirmed they understood the process to</p>
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		<p>support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people's policy and the senior registered nurse reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. On call services are provided as required. GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent.</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 conducted by an activities coordinator, that supports residents to maintain and develop their interests. A weekly activities planner was sighted. The activities provided are suitable for residents ages and stages of life.</p> <p>A copy of the weekly activities plan was posted on notice board in the dining room.</p> <p>The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile called a (Know me form) is completed for each resident within two weeks of admission in consultation with the family and residents.</p> <p>The activities are varied and appropriate for people requiring rest home and hospital level care. Residents' activities care plans were evaluated by the RNs in consultation with the activities coordinator every six months or when there was any significant change. All of these are documented on the electronic record management system, and other copies are printed off and kept on the residents' files.</p> <p>Activity progress notes and activity attendance checklists were</p>

		<p>completed daily. The residents were observed participating in a variety of activities on the audit days. The Physiotherapist visits two times a week to engage in exercise sessions and assessments with the resident.</p> <p>Cultural events celebrated include Waitangi Day and Matariki day. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. This was evident in the records sampled. Residents interviewed confirmed they find the programme interactive. Metlifecare encourages the use of te Reo Māori if residents choose to communicate in this way and encourages services to support community initiatives that meet the needs and aspirations of Māori and whanau.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in accordance with requirements.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used. There was one resident self-administering medications at the time of audit. There was self-medication administration consent on file. Resident had locked cupboard in the room where medication was kept. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-</p>

		<p>medication administration.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the Nurse manager, senior registered nurse or RN. RNs interviewed demonstrated knowledge on management of adverse event. The service has policies and procedures on management of adverse events.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. 10 medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</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 food is prepared on site by chefs and is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last three months and the last review was done on 14 December 2022. The menu follows summer and winter pattern in a four-weekly cycle. An holistic review of menu plans occurs, with suggestions of food options/choices to provide in discussion with any Māori residents when admitted to this service.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 13 February 2023. Food temperatures were</p>

		<p>monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was verified by resident and family interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Meals were served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>The chef interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau /EPOA. The service uses the Te Whatu Ora 'yellow envelope' system to facilitate transfer of residents to and from acute care services.</p> <p>Residents' family reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. At the time of transition between services,</p>

<p>coordinate a supported transition of care or support.</p>		<p>appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. InterRAI reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>The senior registered nurse reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the palliative care team, wound nurse specialist and radiology.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current certificate for public use issued 8 November 2022 is displayed at the entrance to the facility.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities are fit for purpose and maintained. The testing and tagging of electrical equipment, safety checking of lifting equipment and calibration of bio-medical equipment were current as confirmed in documentation reviewed. All equipment and resources were new and purchased for this facility prior to opening the new care home in April 2022. The maintenance manager was interviewed and maintains all records for this village site and the care home. The next equipment checks are due 1 February 2023. The maintenance manager has been in this role for 23 years and has developed a maintenance and garden year plan, which was updated 9 January 2023. There is a maintenance team that cover this site.</p> <p>Visual inspection revealed the environment was hazard free, that residents were safe, and that their independence was being promoted by staff. External areas were safely maintained and observed as appropriate to the resident groups and setting. Residents could easily access the courtyards, library and cafe as all are on ground floor.</p> <p>Each of the 24 resident rooms has an ensuite bathroom with an accessible shower, toilet and vanity. There are additional toilets for use</p>

		<p>by staff and visitors. Hot water temperature monitoring was occurring monthly, and temperatures were within a safe range, for example less than 45 degrees Celsius. Each bedroom is spacious and installed with ceiling hoists.</p> <p>Residents and families stated that the facility is kept well ventilated, warm in the winter and cool in the summer. Heat pumps are used, confirmed by interviews and each resident's room had external opening windows which were sighted during the audit. Maintenance staff were available on site five days a week and on call after hours for emergencies.</p> <p>There were no further buildings being planned however, the leadership team clearly understood the requirement to consult and ensure that any new environments meet the aspirations and identity of Māori. This process was followed as per the regional clinical manager, for this new care home. The service was blessed as part of the opening ceremony as well.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff.</p> <p>The fire evacuation scheme was approved 22 March 2022.</p> <p>Fire evacuation training and drills were being conducted six monthly with a copy sent to the New Zealand Fire Service, the most recent occurred on the 12 August 2022.</p> <p>The orientation programme included fire and security training. Staff confirmed their awareness of the emergency procedures. All registered nurses and senior caregivers were maintaining first aid certificates.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including water storage as per the council recommendations, food, blankets, mobile phones and gas barbecues (BBQs), were sighted and met the Ministry of Civil Defence and Emergency Management recommendations for the region and the needs of a maximum 24 residents. Sufficient supplies of potable drinking water were stored.</p> <p>Emergency lighting is available and is tested regularly. The night</p>

		<p>security person has worked in this role at this MLC village site for approximately 20 years. The property is gated at night with code access for staff and visitors. Additional security lights have been installed this year. Security cameras are in place with signage visible. All residents have been allocated a security pendant. The call bell system is checked three monthly and audits are recorded. Residents and their families reported staff responded promptly to call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system and were being reported on yearly.</p> <p>The IP and AMS is supported at governance level through the employment of an infection control specialist, a clinical workforce specialist and a clinical educator. These personnel make sure the IP and AMS were being appropriately managed at facility level and they support the care homes as required. The board or clinical governance committee of the board can access IP and AMS expertise through its infection prevention control specialist and/or through Te Whatu Ora – Counties Manukau. The seeking of this expertise and advice follows a defined process and documented pathway that supports reporting of progress, issues and significant events to the governing body.</p> <p>IP and AMS information was being discussed at executive clinical meetings, clinical governance meetings the sub-committee of the board) and then presented to board meetings.</p> <p>A pandemic/infectious disease response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available and staff have been fully trained in its use.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection prevention control resource nurse (IPC RN) is responsible for overseeing and implementing the IP programme at the</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>service level with reporting lines to nurse manager and regional clinical manager. The IPC RN's role, responsibilities and reporting requirements are defined in the infection prevention control resource nurse job description.</p> <p>The IPC programme implemented is clearly defined and documented. The IPC programme is reviewed annually.</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. The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, as a group in residents' meetings.</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, 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.</p>
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		<p>The IPC RN reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori was available and the IPC RN reported that these are available for residents if they were identified as Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme was approved by the governance body. 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 with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records. Results of the surveillance programme are shared with staff in the staff meetings.</p> <p>Infection prevention audits were completed including cleaning 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 analysis</p>

		<p>sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The senior registered nurse monitors the infection events recorded weekly and the nurse manager receives a notification for high-risk infections. Any new infections are discussed at shift handovers for early interventions to be implemented.</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 COVID-19 infection outbreaks reported since the previous audit. All outbreaks were managed effectively 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.</p> <p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use.</p> <p>There was a sufficient PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There is cleaning policies and procedures to guide staff. The facility was observed to be clean throughout. Laundry is undertaken off site by contracted services. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed.</p>

		Residents interviewed reported that the off-site laundry services system is effective and their clothes are returned in a timely manner.
<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 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>	FA	<p>Metlifecare is committed to a restraint free environment in all its facilities. There were robust strategies in place to eliminate restraint use. The board clinical governance committee is responsible for the MLC restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance meetings and presented to the board. There were no restraint interventions in place on the days of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Training records showed that all clinical care staff had attended restraint education and completed a restraint competency, during orientation/induction. Training is planned annually.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.