

# Metlifecare Retirement Villages Limited - Greenwich Gardens Care Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Metlifecare Retirement Villages Limited

**Premises audited:** Greenwich Gardens Care Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 4 July 2023      End date: 4 July 2023

**Proposed changes to current services (if any):** Reconfiguration of 16 serviced apartments at Metlifecare Greenwich Gardens Care Home to care suites providing dual service rest home and hospital level care. Nine of the care suites are designated as being appropriate to be occupied by two consenting residents.

**Total beds occupied across all premises included in the audit on the first day of the audit: 44**

# Executive summary of the audit

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## 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.

## General overview of the audit

Metlifecare Greenwich Gardens (Greenwich Gardens) currently provides services for up to 48 residents; all rooms are dual purpose, rest home and hospital level care.

This partial provisional audit has been undertaken to establish the level of preparedness of Metlifecare Greenwich Gardens to reconfigure 16 serviced apartments, nine of which may be occupied by two consenting residents. The dual-purpose care suites will be operated under an aged-related residential care (ARRC) contract with residents entering into an occupation right agreement (ORA). The current Metlifecare Greenwich Gardens village manager will continue to oversee day-to-day management of the facility supported by a nurse manager who is a registered nurse.

Prior to occupancy of residents into the care suites, the facility will need to show that they have staffing available to meet the proposed roster for the service, that there are sufficient registered nurses to support the current and new service proposed in the care suites, and that any new staff will have been fully orientated into the service. The facility will also require a certificate of public use for the proposed care suites.

## **Ō tatou motika | Our rights**

Not applicable to this audit

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body will continue to assume accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities). Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals, and this will extend to the higher-level services in the proposed care suites.

Proposed staffing levels and skill mix are sufficient for the reconfigured care suites and are designed to meet the cultural and clinical needs of residents. There is a process already in place to ensure that staff are appointed, orientated, and managed using current good practice. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Medication management processes are already in place for the delivery of rest home and hospital level services. Medication is currently managed electronically and administered by staff competent to do so.

Medication management policies and procedures reflect current good practice and legislative requirements. There is a secure room for the storage of medication in the proposed care suite area and the temperature of this is already being monitored. Controlled medication will be kept in the care delivery area on the ground floor but will be accessible to residents in the proposed care suites as required.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is already available to residents in the serviced apartments and can easily accommodate the proposed service. Food is safely managed.

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

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, including new equipment purchased for the proposed care suites. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

The serviced apartments have been reconfigured to dual purpose care suites. Nine of the sixteen rooms are double rooms that can accommodate dual occupancy with 'consent to share' processes in place, privacy screens are in place if the room is doubly occupied.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. The fire and emergency plan has been revised to take account of the proposed care suites and this has been ratified by Fire and Emergency New Zealand (FENZ). Staff understood emergency and security arrangements. Call bells are in place. Security is maintained.

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

Metlifecare as an organisation ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An infection prevention and control resource nurse leads the programme with the support of the Metlifecare national infection prevention and control lead. Both the infection prevention and control resource nurse and the Metlifecare national infection prevention and control lead are involved in procurement processes and have been involved in the service reconfiguration.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team, which includes the national infection control lead nurse, have approved the infection control and pandemic plan. Staff currently employed were sighted to be carrying out good principles and practice around infection control. Staff were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is already undertaken with follow-up action taken as required. This will be extended to support higher levels of care delivered into the proposed care suites.

The environment supports prevention and transmission of infections. Waste and hazardous substances are currently being well managed. There are safe and effective cleaning and laundry services. Waste management and cleaning and laundry services are in place to manage increased need in the proposed care suites.

## **Here taratahi | Restraint and seclusion**

Not applicable to this audit.

## 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	9	0	3	0	0	0
Criteria	0	82	0	3	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 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 will continue to assume accountability for delivering a high-quality service at Greenwich Gardens. Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori have been managed in consultation with an externally contracted service whose core business is to advise on matters affecting Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Equity for Pacific peoples and tāngata whaikaha (people with disability) is contained within a Pacific health plan and a disability policy statement for tāngata whaikaha.</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</p>

	<p>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 (VM) to manage the service with the support of an experienced registered nurse manager (NM) who is responsible for clinical services. The VM and NM have both been employed within aged care for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements. Both maintain currency within the field.</p> <p>External support for te ao Māori and Pacific peoples is available through Te Whatu Ora - Health New Zealand, the wider Metlifecare (MLC) organisation, from staff, and from national and local organisations. This is supported by health plans to include specificities aligned with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds. Staff employed by Metlifecare Greenwich Gardens (Greenwich Gardens) have completed health equity and equality, diversity, and inclusion training.</p> <p>Metlifecare board minutes 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. 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. The Greenwich Gardens management team also evaluates services through meetings with residents and their family/whānau, and through surveys from residents and families/whānau. The service already supplies these safeguards to the services being delivered in the current care home and will continue to do so if service is provided into the proposed dual purpose care suites.</p> <p>The service already holds contracts with Te Whatu Ora Waitematā for the provision of rest home and hospital level services. The new services proposed in the 16 care suites have been reconfigured from serviced apartments into care suites to support dual purpose (rest home or hospital level) services. They will be purchased under an occupational rights agreement (ORA) and delivered under an aged-related residential care contract (ARRC in ORA). There are no ARRC services being provided in the proposed care suites currently.</p>
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<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 Low</p>	<p>There is a documented and implemented process already in place for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility has a process to adjust staffing levels to meet the needs of residents but normally staff to bed capacity and acuity. Staff interviewed reported there were adequate staff to complete the work allocated to them and are aware that more staff are being employed to support the proposed care suites. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the facility.</p> <p>Staffing for the facility currently comprises of RN cover over seven days per week. There is an RN on a morning shift, supported by a senior RN and the NM Monday to Friday and on-call. Afternoon shifts have an RN rostered and there is one RN on night shift; all shifts are eight hours. The RNs are supported by caregivers, eight in the morning, six in the afternoon, and two on night shift. The service also employs two activities coordinators who work Monday to Friday. Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week. Support staff include a receptionist, maintenance, and gardening staff.</p> <p>Proposed rosters show that staffing will be increased to support higher levels of care in the proposed care suites. This will be adjusted according to occupancy and acuity. Until there are four residents in residence, RN cover will be provided under the current roster. When occupancy reaches four residents, RN cover will be increased by one RN on a morning shift and one RN on an afternoon shift. Overnight RN cover will be unchanged. RNs working in the extended service will be supported by one caregiver 24/7, increasing to two caregivers on a morning and afternoon shift when occupancy reaches eight residents, with a further increase to three on a morning shift when occupancy reaches 12 residents. Activities for the residents will be covered under the current arrangements, as will domestic and food services. Recruitment to fill the proposed roster has commenced (refer criterion 2.3.1).</p> <p>Continuing education is planned on a biannual basis and delivered</p>

		<p>annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency and syringe driver training. There are sufficient interRAI competent nurses in the service with capacity to cover the increased needs that would be generated by the proposed care suites.</p> <p>The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competence support are provided to staff to ensure health and safety in the workplace, including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE). Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</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. These processes are in place to support new applications for the increased staffing required to deliver hospital level care into the care suites. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, including for restraint and infection prevention and control. Performance appraisals for current staff are carried out annually and this will be extended to include any new staff employed. While orientation of new staff is consistently taking place, staff working in the proposed care suites will need to be orientated to the care suites work area and emergency management procedures prior to resident occupancy (refer criterion 2.4.4).</p>

		<p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the nurse practitioner, the general practitioner, physiotherapist, pharmacist, podiatrist, and dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. While this is already being used in the care home to support the current rest home and hospital care residents, a new medication trolley and tablet (to support electronic medication management) has been purchased to support care requirements in the proposed care suites. A space has been designated for storage of medication in the proposed care suite area, this is kept is locked. The new medication room is temperature controlled by heat pump, and room and refrigerator temperatures are recorded. Controlled medication will still be managed from one single area of the facility (on the ground floor) and will support all residents in the facility.</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 stored safely, including controlled drugs. The required stock checks have been completed. Medicines are currently stored within the recommended temperature range. All staff who administer medicines are competent to perform the function they manage. Prescribing practices meet requirements. A process was in place to identify, record and communicate residents' medicine related allergies and sensitivities.</p>

		<p>The required three-monthly general practitioner (GP) or nurse practitioner (NP) reviews have been consistently recorded on the medicine chart for current residents. Reviews will be extended to residents in the care suites when they enter the service. Standing orders are not used at Greenwich Gardens. There is a process in place to ensure that self-administration of medication is facilitated and managed safely. RN interviewees reported that residents are supported to understand their medications. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 service provided at Greenwich Gardens is in line with recognised nutritional guidelines for older people. The proposed care suites have a large newly renovated dining and lounge area adjacent to the suites. Food is prepared on-site and served in the dining rooms and residents' rooms via 'hot boxes'. A new 'hot box' for food transport has been purchased to meet the extended needs of residents in the proposed care suites.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu for Greenwich Gardens is managed at an organisational level and set by an employed registered dietitian. Menu development is run on a three-monthly seasonal cycle to coincide with the three-monthly dietician review. Food preferences for Māori are addressed as required. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 3 December 2023. No areas requiring corrective action were identified.</p> <p>Each resident has a nutritional assessment on admission to the facility. The kitchen manager is aware of the dietary needs of the residents via their diet profiles. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori residents.</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>PA Low</p>	<p>Appropriate systems are currently 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 changes to the services are a refurbishment of existing rooms rather than a new build. There are no plans currently for new buildings on the site. Metlifecare is aware of the requirement to consult and co-design with Māori should new buildings be envisaged.</p> <p>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. The service has recently installed a ducted hot water system to manage hot water temperatures following an issue with the hot water variation coming from an ageing boiler system. Monthly hot water tests are completed for resident areas, and all were in range. There is a process in place to identify deficits and managed remediation should this be required in the future. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 28 July 2023 but will require a certificate of public use for the reconfigured area, which includes a new fire exit, prior to occupancy (refer criterion 4.1.1).</p> <p>The proposed care suite environment is comfortable and accessible, with space to promote independence and safe mobility. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Spaces within the facility are culturally inclusive and suited to the needs of the resident groups proposed for the service. There is a newly refurbished lounge/dining facility close to the care suites. The lounge areas can be used for activities for residents. External areas are on the ground floor and accessed by lift. The external spaces are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors on both the ground and the first floor. All rooms in the facility have ensuite toilet and handwash facilities and there are sufficient showers to maintain residents' hygiene.</p> <p>The 16 proposed care suites, to be occupied under ORAs are currently</p>
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		<p>configured as serviced apartments. There are 15 one-bedroom suites with separate lounge, bedroom, and ensuite facilities. One studio suite has an open plan bedroom and lounge area with an ensuite. All are large enough to provide the proposed new services including nine which are capable of accommodating two (consenting) residents. Where two people share a care suite, privacy screens are available to ensure personal cares can be completed with privacy for individual residents. The care suites have been reconfigured to provide dual (rest home and hospital) level care. Room refurbishments included the installation of ceiling hoists in all suites and the installation of a call bell system attached to the existing system. The ensuites in the proposed care suites contain a walk-in shower, toilet and handbasin. The suites also have a small kitchenette for the use of the residents and/or their family/whānau.</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. All suites and communal areas have heat pumps which can be used to set to residents' preferred heat/cool settings. There is space in the proposed care suites for the use of mobile moving and handling equipment in case of an emergency in the bathroom area (where the ceiling hoist does not reach). Residents currently in residence within the facility were observed moving freely around the areas with mobility aids during the audit. Care staff interviewed stated they have sufficient equipment available to them to safely deliver care for residents; equipment required for the delivery of care into the proposed care suites has been purchased.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan, which included the proposed care suites, was approved by Fire and Emergency New Zealand (FENZ) on 26 June 2023 and the requirements are reflected in the Fire and Emergency Management Scheme. All areas have wired smoke alarms and sprinklers in situ.</p> <p>A fire evacuation drill is held six-monthly, most recently on 22 March</p>

		<p>2023. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The supplies on hand are sufficient to manage the change from serviced apartments to the proposed care suites.</p> <p>Call bells alert staff to residents requiring assistance. Appropriate security arrangements are in place. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC 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, the MLC IPC national lead, and through the clinical governance team to the MLC board. Any change in service level in the proposed care suites will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current residents in the service.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested; recently following COVID-19 outbreaks in the facility in April/May 2023 (five residents were affected in April and six in May). The plan was reviewed post-outbreak to identify any lessons learned (no corrective action was required). There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPC resource nurse is an RN (IPCRN) who is responsible for overseeing and implementing the IP programme at Greenwich Gardens with reporting lines to the NM, FM, the regional clinical manager (RCM) and the MLC IPC national lead. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN and the MLC ICP national lead have the appropriate skills, knowledge, and qualifications to support and maintain safe IPC and AMS practices at the facility. Advice was sought from the ICPRN and MLC IPC national lead prior to and during the refurbishment of the proposed care suites from serviced apartments, and when making decisions around procurement relevant to care delivery, other facility changes, and policies.</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by MLC's clinical governance group and are based on accepted good practice. Cultural advice is sought where appropriate. Staff were familiar with policies and procedures through education during orientation and ongoing education and were observed to be following these correctly when observed on the ground floor rest home/hospital care level. Policies, processes, and audits ensure that reusable and shared equipment is decontaminated using best practice guidelines. Single use items are discarded after use. Educational resources include a range of brochures which are available and accessible in te reo Māori. Processes already in place will be extended to meet the needs of residents in the proposed care suites.</p> <p>The pandemic/infectious diseases response plan is documented and was evaluated following recent COVID-19 infections. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff are trained in its use. The IPCRN reported that residents and their family/whānau are educated about infection prevention in a manner that meets their needs as required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>Metlifecare as an organisation is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  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>place and the effectiveness of the AMS programme is being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes. They are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme is already embedded into the service and will be extended to encompass the proposed care suites.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  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. Greenwich Gardens 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 currently being collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and at governance and clinical governance level. Surveillance data includes ethnicity data and antibiotic use. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. Results of surveillance are benchmarked with other MLC sites and reported per 1000 occupied bed days, in addition results are benchmarked to a number of other health care providers in New Zealand. Surveillance processes will be extended to include residents admitted to the proposed care suites.</p> <p>There have been two episodes of COVID-19 at Greenwich Gardens in 2023. Investigations and appropriate interventions to minimise ongoing transmission were undertaken. Individuals only were affected and there was no incursion throughout the facility. The episodes in April and May 2023 affected a total of 11 residents. The Regional Public Health Unit (RPH) and Te Whatu Ora Waitematā were informed of the outbreaks.</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>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Greenwich Gardens. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. When observed in the current rest home/hospital service areas, staff were observed to be using this as part of their duties. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Material data safety sheets are available to staff for emergency use. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and hand sanitisers were available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. The IPCRN has oversight of facility testing and the monitoring programme for the facility. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely. There are already sufficient resources within the service to manage the environmental care of the proposed care suites, including cleaning and laundry services.</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 2.3.1</p> <p>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>	PA Low	There are currently insufficient staff employed to fill the proposed roster for the care suites. Recruitment has commenced to fill the proposed roster for the delivery of care services into the care suites.	There are currently insufficient staff employed to fill the proposed roster to enable delivery of care into the proposed care suites.	<p>Provide evidence that staffing for the facility is available to meet the proposed roster for the extended service.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	Metlifecare has processes in place to orientate staff to the facility. New staff applying to the service to meet the proposed roster will be an extension of the current staffing roster rather than a separate roster. Staff familiar with the facility will be rotated with any new staff to meet the needs of residents admitted to the new care suites. However, any staff working in the area of the proposed care suites, current or new, will need to be orientated to the area with	Staff working in the proposed care suites will need to be orientated to the work area with particular emphasis on emergency management procedures prior to resident occupancy.	<p>Provide evidence that staff working in the proposed care suites have been orientated to the care suites work area and emergency management procedures prior to resident occupancy.</p> <p>Prior to occupancy days</p>

		particular attention to fire and emergency management.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The change from serviced apartments to care suites at Greenwich Gardens has required building consent. Part of this was a requirement to build a new fire exit adjacent to the proposed service. Most of the building work in the proposed care suites and fire escape have been completed, with the remaining work to be completed shortly. Outstanding work encompasses decorative in the proposed care suites and the installation of a glass panel around the area of the fire escape (which has been ordered). The facility will require a certificate of public use for the proposed care suites when work is fully completed and prior to occupancy of any residents.</p>	<p>The service will be required to obtain a certificate of public use prior to residents being accepted into the proposed care suites.</p>	<p>Provide evidence of a certificate of public use for the proposed care suites prior to resident occupancy.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.