

# Metlifecare Retirement Villages Limited - The Orchards

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## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	The Orchards
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 1 August 2023 End date: 1 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	31

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Metlifecare The Orchards (The Orchards) provides rest home and hospital level care services for up to 36 residents. The service is owned and operated by Metlifecare Limited.

This unannounced surveillance audit was conducted against the Ngā Paerewa Standard NZS 8134:2021. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and their family/whānau members, governance representatives, managers, staff and a nurse practitioner.

There were no improvements required from the previous audit.

## 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.
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The Orchards works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).


Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. There are pamphlets on the Code in the reception area. The Code posters are displayed in the hallways and reception area.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

At the time of audit there were no Māori or Pasifika residents at the facility. Health care and support workers received Te Tiriti o Waitangi education and training, and this is reflected in everyday service delivery.

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

## Hunga mahi me te hanganga | Workforce and structure

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

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

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

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

## 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 nurse manager (NM) manages the entry to service. On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Routine analysis for entry and decline is completed.

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner (GP) completes a medical assessment on admission and reviews occur thereafter on a regular basis.

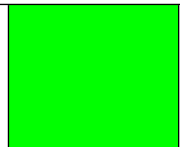
There are policies and processes that describe medication management and align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by activities coordinators and provides residents with a variety of activities.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. A dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with the meals provided.

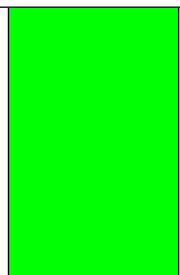
Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

## **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 building warrant of fitness. Metlifecare Limited is aware of the need to consult and co-design with Māori if further development on the site is anticipated.

## **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.
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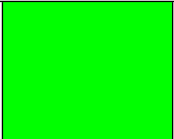
The governing body ensures the safety of residents and staff through a planned infection prevention (IP) programme that is appropriate to the size and complexity of the service. There is a comprehensive pandemic plan.

The infection prevention & control resource nurse (IPC RN) role is led by a registered nurse (RN). The IPC RN has completed formal IPC training. The IPC committee is supported by representation from all areas of the service. The IPC team have access to

a range of resources. Education is provided to staff at induction to the service and annually thereafter. Internal audits are completed with corrective actions completed where required.

Surveillance data is undertaken. Infection incidents data are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practises through meetings and education sessions.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint free environment. This is supported by the governing body and through policies and procedures. Restraint is reported to governance level. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place should this be required. A restraint coordinator who is a registered nurse manages the process. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative interventions and restraint monitoring.

## 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	22	0	0	0	0	0
Criteria	0	59	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>	FA	<p>Metlifecare (MLC) supports increasing Māori capacity in the service by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and national level. There were no staff or residents at Metlifecare, The Orchards (The Orchards) who identified as Māori at the time of audit.</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</p>	FA	<p>Metlifecare (MLC) identifies and works in partnership with Pacific communities at facility, executive and board level. There is a Pacific health plan in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has Pasifika-specific plans for managing care so that their needs can be adequately met. There are two models available for use at the facility, the Fonafale model and the</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Te Vaka Atafaga model. Residents and their family/whānau can choose the model that most represents the care they wish to receive.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The Code displayed in multiple locations in English and te reo Māori.</p> <p>Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The service recognises Māori mana motuhake by utilising the cultural safety knowledge gained from education and use of the Māori health care plan. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents interviewed stated they had choices. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice of activities they participate in. Culturally appropriate activities have been introduced, such as celebrating Waitangi Day and Matariki.</p> <p>It was observed during care that residents are treated with dignity and respect. There are no double or shared rooms. Staff were observed to use person-centered and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Spiritual needs are identified, church services are held, and spiritual support is available.</p>

		<p>The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Information provided and records viewed showed that staff training on Te Tiriti o Waitangi and Māori culture/tikanga was provided. Te reo Māori and tikanga Māori are promoted within the service through staff training.</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>There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>All staff are held responsible for creating a positive, inclusive, and safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The nurse manager stated that any observed or reported racism, abuse or exploitation would be addressed promptly.</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</p>	<p>FA</p>	<p>Residents interviewed confirmed they are provided with all information that supports them to make an informed decision. Informed consent for all relevant procedures was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner (GP) for resuscitation treatment plans for residents who were unable to provide consent, in consultation with family/whānau and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person</p>

<p>their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>receiving services wants them to be involved.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring powers of attorney (EPOAs) were on resident files where available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There have been eleven (11) complaints received in the last 12 months. Documentation sighted showed that complaints had been addressed appropriately with investigation where required, action was taken where this was warranted, and complainants were informed of the outcome of their complaint. There were no complaints received from Māori residents or whānau. If a complaint was received from a resident or their whānau, there are processes in place to utilise karakia, hui, relevant tikanga and support as required. There have been no complaints received from external sources.</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. Māori representation at board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency.</p> <p>Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a disability policy statement.</p> <p>Staff employed by The Orchards have completed health equity and equality, and diversity and inclusion training in 2023.</p> <p>The service holds contracts with Te Whatu Ora - Health New Zealand Waitematā (Te Whatu Ora Waitematā) for the provision of age-related residential care (ARRC) services at rest home and hospital level care. At</p>

		the time of audit ten (10) residents were receiving rest home level care and 21 residents were receiving hospital level of care.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the monitoring and/or management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, wounds, medication errors, polypharmacy, and antibiotic use. Relevant corrective actions are developed and implemented to address any shortfalls, and progress against quality outcomes is evaluated. Ethnicity data is gathered and analysed to support equity within the service. Residents, whānau, and staff contribute to quality improvement through the ability to give feedback at meetings and through surveys. Outcomes from the last resident and whānau satisfaction surveys (2022) were favourable.</p> <p>Plans have been developed with input from cultural advisers which can be used for residents who identify as Māori, Pasifika or those who are tāngata whaikaha. The Māori health plan is based on Te Whare Tapa Whā model of care and the Pasifika health plan on Fonofale or Te Vaka Atafaga (depending on resident preference). Planning for tāngata whaikaha is through the disability policy statement.</p> <p>Staff have been educated in the use of specific cultural models and tāngata whaikaha care needs, alongside education on health equity and cultural safety in 2023. Staff also have input into the quality programme through the RN, care staff and allied staff quality meetings, health and safety, and infection control meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by the NM once completed.</p> <p>The NM has complied with essential notification reporting requirements. The regional clinical manager (RCM) and senior registered nurses (RNs) onsite during the audit were able to describe reporting requirements should reports be required in the NM's absence. There have been two</p>

		<p>section 31 notifications completed since the last audit with one notifications of change in clinical manager and one notification of change in facility manager for the same staff member.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) using an acuity spreadsheet. The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Caregivers interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is RN coverage in the facility 24 hours per day/seven days per week (24/7).</p> <p>The nurse manager who has aged care experience was appointed to The Orchards in January 2023 having transferred from another Metlifecare facility. The NM is supported by a senior registered nurse and share after hours on call.</p> <p>Activities, laundry, cleaning, and food services are carried out by dedicated staff seven days per week. Support staff include the village manager (VM) reception, administration, maintenance, and gardening staff.</p> <p>Continuing education is planned on a biannual basis and delivered annually. The education programme is delivered via an electronic education portal and through study days to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies (medication management, manual handling, hoist training, chemical safety, food handling, the use of personal protective equipment (PPE), emergency management including fire drills) are assessed and support safe and equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification.</p> <p>Staff reported feeling well supported and safe in the workplace. There</p>

		are policies and procedures in place around wellness, bullying, and harassment and an independent confidential counselling service for staff should this be required.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff education and development. Professional qualifications are validated prior to employment and then checked annually.</p> <p>A sample of nine staff records were reviewed. All evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Orientation packages are comprehensive and cover all the facility information and competencies required by the person in their position (e.g., fire and emergency management, moving and handling, medication, chemicals etc.)</p> <p>Staff information is secure and accessible only to those authorised to use it. Ethnicity data is recorded and used in line with health information standards.</p>
<p>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</p>	FA	<p>The entry to service enquires are managed by the nurse manager. The service has a system in place to complete routine analysis of entry and decline rates including specific rates for Māori.</p> <p>The Orchards has links with the local Māori community. Support for Māori individuals and whānau can be accessed if required.</p>

and communicated to the person and whānau.		
<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>	FA	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning, and evaluation. Initial care plans are developed in communication with the residents/EPOA within the required timeframe. The service uses an electronic patient information system, including care planning.</p> <p>There were no Māori residents on the day of the audit. The service has a Māori health care plan in place which includes Te Whare Tapa Whā model of care.</p> <p>Five files were reviewed. The long-term care plans were developed within three weeks of admission. Residents and family/whānau or enduring power of attorney (EPOA), where appropriate, were involved in the assessment and care planning processes. Residents' files that were sampled had current interRAI assessments and the relevant outcome scores to support the care plan goals and interventions.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Short-term care plans were reviewed weekly or earlier if clinically indicated.</p> <p>The GP completed medical assessments within two to five working days of admission. Routine medical reviews were completed monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records.</p> <p>The early warning signs and risks that affected the resident's wellbeing were identified and interventions were in place to prevent further deterioration of the condition.</p>



		<p>The facility is provided access to an after-hours service by the nurse practitioner (NP) and GP.</p> <p>Family/whānau/EPOA interviews and residents' records evidenced that families are informed where there is a change in health status. Tāngata whaikaha and whānau are supported to access information as required.</p> <p>Residents' care was evaluated on each shift and reported at handover and recorded in the progress notes by the caregivers. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required. The GP interviewed stated they were happy with the care provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The residents' activities programme is implemented by an activities coordinator (AC). The activities programme is displayed in the communal area. A monthly activities planner was sighted.</p> <p>Church ministers visit every fortnight. There were no Māori residents on the day of the audit. Cultural events celebrated include Waitangi Day and Matariki. Māori Language Week was celebrated with Māori words posted around the facility. Residents visit their family/whānau in the community and family can visit the residents in the facility.</p> <p>The activities programme is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging in and enjoying various activities. Regular resident meetings are held and include discussions around activities.</p>
Subsection 3.4: My medication	FA	A current medication management policy identifies all aspects of

<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>medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of the audit. Prescribing practices are in line with legislation, protocols, and guidelines.</p> <p>Ten medication charts were reviewed. Residents' three-monthly medication chart reviews were completed by the NP and GP. Education for residents regarding medications occurs on a one-to-one basis by the CNL or RN.</p> <p>The service uses pre-packaged pharmacy medicines and there was evidence of medication reconciliation.</p> <p>All stock medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>The medication refrigerator and medication room temperatures are checked daily. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. All medication charts reviewed had allergy and sensitivity documented.</p> <p>Weekly checks of medicines and six-monthly stocktakes were conducted in line with policy and legislation.</p> <p>Staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>RNs interviewed demonstrated knowledge of the management of adverse events. The service has policies and procedures for the management of adverse events. The RN demonstrated the medication administration rights when administering medication.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them.</p>
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<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>	FA	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, and the kitchen manager at the interview confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs.</p> <p>The menu followed summer and winter patterns in a four-weekly cycle. There were no Māori residents at the time of the audit, but the kitchen manager was aware of the culturally specific te ao Māori food, such as boil up or hangi, to add on the menu if a Māori resident was admitted into the facility.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or</p>	FA	<p>Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. 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.</p>

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<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building has a building warrant of fitness which expires on 22 March 2024. The Orchards is currently in the process of converting empty rooms into care suites. MLC is aware of the requirement to consult and co-design with Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The fire evacuation plan for The Orchards was approved by Fire and Emergency New Zealand (FENZ) on 04 January 2018 and this is reflected in the Fire and Emergency Management Scheme. Staff have been trained and knew what to do in an emergency. A fire evacuation drill is held six-monthly, most recently on 7 March 2023.</p> <p>Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements. Call bells alert staff to residents requiring assistance. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7. Staff were observed to be wearing uniforms and name badges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>A pandemic and infectious disease outbreak management plan is in place that is reviewed regularly. Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. A culturally safe practice in infection prevention is provided in consultation</p>

<p>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>with residents and family/whānau as needed to acknowledge the spirit of Te Tiriti. Educational resources are available in te reo Māori and are accessible and understandable for Māori when admitted to the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)  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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Monthly infection data including ethnicity data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control meetings and quality and staff meetings. Meeting minutes are available to staff.</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.</p>
<p>Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The Orchards is a restraint free environment. Restraint has not been used in the facility since at least 2016. The RCM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the 'mana' of the residents under their care. There were no residents using restraint during the audit.</p> <p>The restraint coordinator (RC) is a defined role undertaken by an RN who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring and as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p>

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## Specific results for criterion where corrective actions are required

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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
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## 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.