

Metlifecare Retirement Villages Limited - The Village Palms

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	The Village Palms
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 20 September 2023 End date: 21 September 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	78

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

The Village Palms provides aged-related rest home and hospital level services, long-term chronic health conditions, short-term care (respite), support care (end-of-life care), and care for younger people with disabilities (YPD) for up to 78 residents. The service includes 10 serviced apartments operating under aged-related residential care in occupation rights agreements (ARRC in ORA). The facility is owned and operated by Metlifecare Limited.

The facility is managed by an experienced village manager supported by an experienced nurse manager who has clinical oversight of the facility. Residents and whānau were complimentary of the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Canterbury). It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a governance representative, management, staff, and a general practitioner.

Improvements requiring action identified during the audit related to aspects of engagement with Māori and Pasifika organisations, informed consent, care planning, quality management, and restraint reporting.

Ō tatou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The Village Palms provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori and Pasifika. There are also health plans to support the care of tāngata whaikaha (younger people (under 65) with a disability).

The service works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were no residents in the service who identified as Māori on the days of the audit but there were Māori staff. Processes were in place to ensure Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). This was confirmed by staff interviewed.

Pacific peoples were being provided with services that recognised their worldviews in a culturally safe manner. There were Pasifika residents and staff in the service.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The Village Palms is governed by Metlifecare Limited. The executive and governance teams work with senior managers at The Village Palms to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback. An integrated approach includes collection and analysis of quality improvement data, identifying trends to support service improvement. Actual and potential risks are identified and mitigated. Adverse events are documented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to The Village Palms a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess and evaluate care. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Security is maintained. Residents reported a timely staff response to call bells.

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

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

Subsections applicable to this service fully attained.

The infection control nurse (ICN) at The Village Palms ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced and the ICN was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. The Village Palms had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

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.		Some subsections applicable to this service partially attained and of low risk.
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The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	3	4	0	0
Criteria	0	173	0	3	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Metlifecare (MLC) The Village Palms has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake (self-determination) is respected.</p> <p>The service works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Processes were in place to ensure that Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Relationships had not yet been established with local iwi (refer criterion 3.1.6) to benefit Māori and their whānau, but access to general support for Māori residents was available through Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Canterbury) Hauora Māori (Māori health services), Te Korowai Atawhai (Māori mental health services) and through Ngā Kaitiaki o Te Puna Rongoā (Māori Pharmacy Association) should Māori entering the service need support. There were no residents identifying as Māori in the service during the audit.</p>

		<p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. The plan documents a culturally appropriate model of care to guide culturally safe services for Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. An iwi referral form is available for staff to use to refer Māori residents to appropriate supports.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Metlifecare supports increasing Māori capacity in the service by employing 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 staff who identified as Māori employed by the service 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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>PA Low</p>	<p>Metlifecare 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 Pasifika residents receiving care at the time of audit. There are two models available for use at the facility, the Fonafale and the Te Vaka Atafaga models. Residents and their whānau can choose the model that most represents the care they wish to receive. There is support for Pasifika residents via staff, but relationships have yet to be established with local Pasifika communities (refer criterion 1.2.5).</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. There is a Pasifika non-executive board member on the MLC board to advise the board on matters pertaining to Pasifika. The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff who identify as Pasifika in the organisation.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand Sign Language (NZSL) on posters around the facility. Brochures on the Code were available in both English and te reo Māori at reception. Brochures on the Nationwide Health and Disability Advocacy Service were available. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents of The Village Palms in accordance with their wishes. Interviews with several whānau, who visited regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>There were staff employed at The Village Palms who identified as Māori. They assisted the facility's operations to ensure more equitable service for Māori were provided. The Village Palms recognised mana motuhake.</p> <p>Five residents receiving care under a Whaikaha contract, plus the family member of two of these residents were interviewed by a consumer auditor as part of this audit. The feedback of which are included in this report.</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>The Village Palms supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at The Village Palms were educated in Te Tiriti o Waitangi and cultural safety. The staff were encouraged to speak and learn te reo Māori. Karakia was said to open and close all meetings, signage in te reo Māori was located around the facility and the use of greetings daily was encouraged. The staff members who identified as</p>

		<p>Māori, supported staff and residents to learn te reo Māori.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room.</p> <p>The Village Palms responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities.</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>	FA	<p>Employment practices at The Village Palms included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at The Village Palms was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Thirteen of fourteen residents and six of seven whānau members interviewed (refer criterion 3.2.3) expressed satisfaction with the services provided at The Village Palms.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	<p>Residents and their whānau at The Village Palms reported that communication was open and effective, and they felt listened to. Tāngata whaikaha (people with disability) residents interviewed by the consumer auditor confirmed staff talk to them both formally and</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>informally. Some of those interviewed experience difficulty articulating their words, but they confirmed staff still talk with them. No additional communication tools are currently required.</p> <p>Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at The Village Palms were held regularly, in addition to regular contacts with whānau by text, email, telephone, the 'open door' policy of the Village Manager (VM) and the Nurse Manager (NM), and monthly newsletters kept residents and their whānau informed. Notification on the notice boards advised residents and whānau of upcoming entertainment or events.</p> <p>Evidence was sighted of residents communicating with all staff, including the NM and VM. Residents, whānau and staff reported the NM and VM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> <p>All residents and their whānau had access to free Wi-Fi.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. 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,</p>	<p>PA Moderate</p>	<p>Residents at The Village Palms and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. In a review of the documentation around the admission process however, documentation from seven of ten admission files reviewed showed no evidence to verify those seven residents had consented to the collection and sharing of information, outings, photos, the release of liability for seeking costs for damages resulting from outings, and consents to enable service provisions to be</p>

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>provided (refer criterion 1.7.1). Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and access to a range of supports when a resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted for eight complaints received in the last 12 months showed that the complaint had been addressed in a timely manner and that the complainant had been informed of the outcome of their complaint. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). There have been no complaints received from external sources since the last audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service. Māori representation at board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi,</p>

<p>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>health equity and cultural competency. Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a disability policy statement for tāngata whaikaha. Equity for Māori, Pasifika, and tāngata whaikaha is enabled through choice and control over their supports and the removal of barriers that prevent access to information.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into levels of practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified VM who is a registered nurse (RN) to manage the service with the support of a NM, the MLC regional clinical manager (RCM), and the MLC clinical director, who is part of the executive team. External support for te ao Māori and Pacific peoples is available through the wider MLC organisation, from staff, and local organisations.</p> <p>Metlifecare (MLC) board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the MLC board of directors showed adequate information to monitor performance is reported.</p> <p>The VM and the NM are experienced in aged-care and disability services, and both were able to confirm knowledge of the sector, including regulatory and reporting requirements. The Village Palms management team works with staff to meet the requirements of relevant standards and legislation.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control, and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends, and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed information to monitor performance is</p>
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		<p>reported. The Village Palms management team also evaluates services through meetings with residents and their whānau, through surveys from residents and whānau and from staff, making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>Staff employed by The Village Palms have completed Te Tiriti o Waitangi, health equity, cultural competency, and diversity and inclusion training in 2023.</p> <p>The service holds contracts with Te Whatu Ora Canterbury for the provision of aged-related residential rest home and hospital care (ARRC), short-term residential care. The service also holds a contract with Manatū Hauora Whaikaha for younger persons with a disability (YPD). The service has 68 dual purpose beds and up to ten beds under ARRC in occupation rights agreements (ORAs) units. There were 57 residents in the facility on the days of audit. Thirty-two (32) residents were receiving services under the ARRC rest home contract (includes two in serviced apartments), 17 under the ARRC hospital level contract, two receiving respite services (one rest home and one hospital level), and six under the YPD contract (two at rest home level and four at hospital level).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<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 antipsychotic use. Relevant corrective actions are developed, however, not all are followed through to completion. Internal audits were taking place, but outcomes were not being followed up (refer criteria 2.2.3). Not all meetings are being held as per the schedule and there was no evidence of staff input into meetings (refer criteria 2.2.3). Neurological observations were not being completed following unwitnessed falls (refer criteria 2.2.3 and 3.2.3). Policies and procedures are in place to manage any potential inequity in the service.</p> <p>The VM and NM understood the processes for the identification,</p>

		<p>documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori and assists the service to improve health equity.</p> <p>Residents and whānau contribute to quality improvement through the ability to give feedback at meetings and through surveys. Outcomes from the last resident and whānau satisfaction survey (2023) were favourable, but this was difficult to rely on given there were only 15 responses received.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Information collected is analysed according to ethnicity to contribute to MLC equity information gathering, to assist with the promotion of equitable services.</p> <p>The VM and NM are aware of reporting requirements and have complied with essential notification reporting requirements. There have been 19 section 31 notifications completed since the last audit: ten related to RN shortages, two for pressure injuries, three for behaviours of concern, two following the change of VM and NM, one for a gastroenteritis outbreak, and a recent one due to a serious medication error. Investigations into the medication error are ongoing.</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</p>	FA	<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). Position descriptions reflected the role of the respective position and</p>

<p>services.</p>	<p>expected behaviours and values.</p> <p>There are two RNs rostered to work a morning shift, two on afternoon and one on night duty. At times, there are three RNs on morning and afternoon shifts, some of which are bureau nurses in the afternoon given the difficulty in covering all shifts with employed nurses. The RNs are supported by the VM and NM (both of whom are RNs) Monday-Friday. Operational on-call is managed by the VM and clinical by the NM. The NM covers the VM when on leave and vice versa. The RNs are supported by caregivers: nine in the morning, eight in the afternoon, and three on night shift. Staffing for the residents living in ORA units is integrated into the facility's staffing roster.</p> <p>The service also employs two activities coordinators (AC) who work Monday-Saturday. Cleaning, laundry, and food services are carried out by dedicated staff seven days per week. Support staff include administration, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC), or restraint portfolio.</p> <p>Continuing education is planned on a biannual basis and delivered annually. It outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. The education programme is delivered via an electronic education portal and through study days to ensure that all mandatory training requirements are captured.</p> <p>The service has embedded cultural values and competency in their training programmes, including health equity, cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies (eg, 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) health and wellbeing qualification. There</p>
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		<p>were 14 level four (senior) caregivers in the service and nine who had achieved level three.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, meetings, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff education and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of eight staff records were reviewed (the NM, two RNs, two caregivers, one cleaner, one laundry and one activities staff member), and these evidenced implementations of the recruitment process, employment contracts, reference checking, police vetting, and completed orientation. Orientation packages are comprehensive and cover all the facility information and competencies required by the person in their position (eg, fire and emergency management, moving and handling, medication, chemicals etc.)</p> <p>Staff performance is reviewed and discussed at regular intervals. Staff reported having input into their performance appraisals and this was noted in the performance appraisals viewed.</p> <p>Staff information is secure and accessible only to those authorised to use it. Ethnicity data is recorded and used in line with health information standards.</p> <p>The service understands its obligations to recruit in line with the Ngā Paerewa standard. Metlifecare is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including in leadership and training roles) dependent on vacancies and applicants. The Village Palms has both Māori and Pasifika staff employed.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (two general practitioners (GPs),</p>

		<p>physiotherapist, pharmacists, podiatrist, and a dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and restraint activities and this is implemented. Staff interviewed described the VM, and NM as being very supportive. Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to education to support wellness, wellness days (three per year), birthday leave, health insurance, and independent counselling services.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The Village Palms maintains quality records that complied with relevant legislation, health information standards and professional guidelines. Information held electronically was username and password protected. Any paper-based records were held securely, were only available to authorised users, and were held only for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>The Village Palms are not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</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</p>	PA Low	<p>Residents were welcomed into The Village Palms when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care The Village Palms provided and had chosen The Village Palms to provide the services they required.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. The Village Palms collects ethnicity data on entry and decline rates.</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>The organisation had links with Māori organisations through Te Whatu Ora Canterbury Hauora Māori (Māori health services), Te Korowhai Atawhai (Māori mental health services), and the Māori Pharmacists Association-Ngā Kaitiaki O Te Runa Rongoā, and Maurea, a Māori led consultancy company. At a local level however, no meaningful relationships had been developed with Māori communities or organisations (refer criterion 3.1.6).</p> <p>When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to The Village Palms, several residents had requested another provider to manage their medical needs, and this had been facilitated.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at The Village Palms worked in partnership with the resident and their whānau to support the resident's wellbeing. Thirteen residents' files were reviewed: seven hospital files and six rest home files. Four of these files were of residents who were receiving care under a Whaikaha contract. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenged, residents requiring restraint, residents at high risk of falls, residents with compromised mobility, and residents with several co-morbidities.</p> <p>The 13 files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Several files reviewed did not document fully all the residents' problems, and the required interventions to address those problems</p>

		<p>(refer criterion 3.2.3).</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in The Village Palms's service development, delivered services that gave choice and control, and removed barriers that prevented access to information. Service providers understood the Māori constructs of oranga and how to implement a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was at times not documented; however, evidence was sighted of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care being delivered in collaboration with the resident and/or whānau. Residents and their whānau confirmed active involvement in the process, including younger residents with a disability.</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>	<p>FA</p>	<p>The two activities coordinators (ACs) at The Village Palms provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The younger residents are enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. 'Know me' booklets were created on admission that included all details of the resident's life. Te Whare Tapa Whā framework of care was included in the booklet. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. A community member delivered sessions at The Village Palms to introduce the concept of Matariki. The kapa haka group from the local school performed for the residents. The programme acknowledged Māori Language Week, with signage, singing, and information on Māori culture and Te Tiriti O Waitangi being shared with the residents. The monthly residents' meetings included a karakia at</p>

		<p>the opening and closing.</p> <p>Other activities in the programme included a weekly 'Mums and Bubs' group, church services, games, van outings, entertainment, shopping expeditions, visits to the ballet, the races and happy hour sessions.</p> <p>Interviews verified residents and their whānau were involved in evaluating and improving the activity programme. Those interviewed confirmed they found the programme met their needs.</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 was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events. A process was in place to record and review any medication errors and implement a corrective action process to minimise the risk of recurrence (refer subsection 2.2).</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by young people interviewed, in accessing their required medicines from the facility (YPD). The Village Palms has processes in place to support Māori and whānau to access medication if Māori are resident in the service.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at The Village Palms.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported</p>

		<p>to understand their medications.</p> <p>Over-the-counter medication and supplements were 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>	FA	<p>The food service provided at The Village Palms was in line with recognised nutritional guidelines for older people. The new menu recently introduced had been planned by a qualified dietician. Six of fourteen residents when interviewed expressed dissatisfaction with the new menu and wanted to go back to the old one. They stated that they just do not like the food. They commented that 'the stir fries leave foods undercooked, and difficult to eat'. The kitchen staff, the dietician and the management at The Village Palms are liaising with the residents on an ongoing basis to resolve residents' concerns. Concerns regarding the evening meal not being hot enough had been addressed. Interviews, observations, and documentation during the audit verified eight of the fourteen residents interviewed were satisfied with the meals provided. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at The Village Palms in June 2023. Two areas requiring corrective action were identified, and these had been signed off. The plan was verified for 18 months. The plan is due for re-audit in December 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were for one resident, not always accommodated in the daily meal plan (refer criterion 3.2.3). A Māori/Pasifika-inspired menu option was available at The Village Palms.</p> <p>A café service is available all day, with residents and their whānau having access to tea and a specialist coffee machine. Snacks are available in the morning, afternoon and at supper time.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	FA	<p>Transfer or discharge from the service was planned and managed</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of the resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures all equipment is maintained, serviced and safe. The programme includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The building has a building warrant of fitness which expires on 1 November 2023. There are currently no plans for further building projects requiring consultation, but the directors of MLC were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility, including for younger people using mobility aids. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. Each area has lounge facilities with a shared dining area. Lounge areas are used for activities for residents. There are smaller places available to residents and their whānau for quiet reflection. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the facility during the audit. External areas are</p>

		<p>planted and landscaped with appropriate seating and shade.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident's preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. All rooms have ensuites. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for staff and for visitors. All rooms, bathrooms and communal areas have appropriately situated call bells.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>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>PA Moderate</p>	<p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 1 November 2017 and the requirements of this are reflected in the Fire and Emergency Management Scheme. The plan requires that a fire evacuation drill be held six-monthly; the most recent drill was held on 18 September 2023. The plan also includes specific instructions related to the evacuation of residents with disabilities who are unable to be evacuated easily.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region in most areas. The exception to this is that there is only one barbeque available for cooking. The barbeque currently uses piped gas, not liquid petroleum gas (LPG). The facility is considering alternatives to this (refer criterion 4.2.7). Staff have been trained and knew what to do in an emergency.</p> <p>All RNs have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms</p>

		<p>during the audit.</p> <p>Call bells alert staff to residents requiring assistance and these were noted to be accessible and within reach of residents and staff. Residents and whānau interviewed during the audit reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (e.g., COVID-19, respiratory, and gastrointestinal infections) and any corrective actions arising from deficits identified post-infection. Expertise and advice are sought as required following a defined process and includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels: through the clinical team, the clinical management team, and through the clinical governance team to the board.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The Village Palms has IP and AMS outlined in its policy documents. Infection prevention and AMS information is discussed at facility level through the clinical team, the clinical management team, and through the clinical governance team. Information is aggregated and reported to the board at board meetings; significant events are reported to the clinical advisory group immediately.</p> <p>Data on infections and antibiotic use includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Canterbury.</p>
Subsection 5.2: The infection prevention programme and	FA	The infection control nurse (ICN) at The Village Palms was responsible

<p>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>for overseeing and implementing the IP and AMS with reporting lines to the NM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICN had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at The Village Palms was accessed through the staff who identified as Māori, and the organisation’s cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Staff who identified as Māori and who speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested during a recent Norovirus outbreak in July 2023. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>The Village Palms has a documented antimicrobial stewardship (AMS) programme in place that was committed to promoting the responsible use of antimicrobials. The AMS programme had been developed at organisational level using the evidence-based expertise of the organisation’s national IC lead. The programme has been approved by the governing body. Policies and procedures were in place which</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>complied with evidence-informed practice.</p> <p>The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the number of wound infections, wounds, the use of antibiotics and the identification of ongoing areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The Village Palms undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. The service uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally safe processes were in place to communicate with residents and their whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at The Village Palms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required</p>

		<p>laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Village Palms is committed to eliminating restraint use in the facility and is working with residents and their whānau to accommodate this. There were residents using restraint during the audit (both lap belts), one of whom was under the YPD contract. There are strategies in place in the service to help eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., through the use of 'intentional rounding' (scheduled resident checks), high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>There are processes available within The Village Palms to have the voice of people with lived experience, Māori and whānau on the restraint committee. Residents under the YPD contract were asked about this contribution during the audit but said that they were not interested in being part of the group. Whānau interviewed also had no wish to contribute. There were no Māori residents in the service.</p>

		<p>The restraint coordinator (RC) is a defined role undertaken by the NM who is a RN and who would provide support and oversight of restraint use. There is a job description that outlines the role, and the RC has had specific education around restraint and its use.</p> <p>The RC in consultation with the multidisciplinary team is responsible for the approval of the use of restraint should these be required; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. Restraint is considered during the individualised care planning process with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated. There are processes in place for emergency restraint in policy should this be required. The restraint committee maintains a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency), and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint committee at The Village Palms has determined and approved bedrails, chair lap belts and fall out chairs as appropriate restraint equipment. Only lap bets were in use on the days of audit.</p> <p>The restraint register revealed that the number of residents requiring restraint interventions since the last audit had remained stable; restraint use was minimal. Observations and interviews with staff showed how residents who are assessed as 'at risk' from falls when in bed, had their electric beds at the lowest level with safety mats on the floor.</p> <p>The records of the two restraint interventions in place contained</p>

		<p>evidence that a comprehensive assessment for the safe use of this equipment was completed by the RN restraint coordinator with input from other staff, the resident's whānau and the resident's GP prior to use. Restraint was only initiated and as a last resort to maintain safety. There was a documented assessment process which included consideration and recording of all potential risks associated with the use or non-use of restraint, and this confirmed there were no acceptable alternatives to the use of restraint. The records also determined that a cultural assessment had occurred.</p> <p>Restraint interventions were being monitored two-hourly with comments recorded 24/7. Staff enter the times restraint interventions are on or off, and document the cares provided to the resident concerned. These include movements and positioning, nutrition and hydration, skin integrity, cognitive state, and mood of the residents. The ongoing need for each individual's restraint interventions is reviewed by the restraint coordinator at least every six months or earlier if indicated.</p> <p>There have been no emergency restraint episodes since the previous audit. Processes for the use of emergency restraint is documented in policy.</p> <p>Restraint is discussed at staff meetings and they have supports available for debriefing should this be required (refer criterion 2.4.7).</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>PA Low</p>	<p>The restraint committee are scheduled to meet every six months to review the extent of restraint used in the service, but this has not occurred (refer criterion 6.3.1). Restraint data, including any incidents, are reported as part of the clinical reporting structure. There had been no incidents related to restraint use.</p> <p>Internal audit results confirmed that policy and procedures were adhered to, that staff were attending restraint-specific education and that they had acceptable knowledge and understanding about safe restraint use and the need to minimise this. All restraint activity is reported and discussed at monthly staff meetings, and any changes are recorded in the residents' care records and communicated at shift handovers.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>	PA Low	Access to support for Pasifika is available through Te Whatu Ora Canterbury, but the service has yet to form relationships with local Pasifika communities.	The service has not yet formed relationships with local Pasifika communities.	<p>Provide evidence that relationships with local Pasifika communities have been formed.</p> <p>180 days</p>
<p>Criterion 1.7.1</p> <p>I shall have the right to make an informed choice and give informed consent.</p>	PA Moderate	Residents at The Village Palms and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Ten residents' files were reviewed regarding the admission	In seven of ten files reviewed around the admission process, seven of these had none of the required consents signed.	<p>Provide evidence the required consents are signed on admission.</p> <p>180 days</p>

		process. In seven of those files there were no consents on file to evidence the resident or the residents' Enduring Power of Attorney (EPOA) had consented to collection and sharing of information, outings, photos, the release of liability for seeking costs for damages resulting from outings, and consents to enable service provisions to be provided.		
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA Moderate</p>	<p>The organisation's planned quality and risk system reflects the principles of continuous quality improvement. It 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 antipsychotic use. Relevant corrective actions are developed, however, not all are followed through to completion. Internal audits were taking place, but outcomes were not followed up in six from 26 audits. Not all meetings are being held as per the schedule (no quality, restraint, housekeeping or kitchen meetings) and there was no evidence of staff input into meetings. Neurological observations were not completed following eight from ten unwitnessed falls (refer also criterion 3.2.3).</p>	<p>There is incomplete evaluation against quality outcomes in incident/accident reporting, meetings, and internal audits.</p>	<p>Provide evidence that evaluation against all quality outcomes is taking place.</p> <p>90 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful</p>	<p>PA Low</p>	<p>The organisation had developed a range of general links with national Māori organisations. The Village Palms has not developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The</p>	<p>No partnerships had been developed with Māori communities to benefit Māori and their whānau and enable access to Māori health</p>	<p>Provide evidence partnerships had been developed with Māori communities to benefit Māori and their</p>

<p>partnerships with Māori communities and organisations to benefit Māori individuals and whānau; (b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>		<p>facility had no identified links to access support from Māori health practitioners, traditional healers, and other Māori organisations.</p>	<p>practitioners and traditional healers if required.</p>	<p>whānau, and to enable access to Māori health practitioners and traditional healers if required.</p> <p>180 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and</p>	<p>PA Moderate</p>	<p>Eight of the thirteen care plans reviewed did not include documentation that reflected fully the residents' current care needs, with examples including dietary requirements, level of assistance with meals, reported weight loss, continence, a diagnosis of dementia, a potential for a resident to wander, a resident's diagnosis of congestive heart failure, medications prescribed with no alignment to a diagnosis in the care plan, and other medical conditions. Short-term care plans were implemented to address short-term problems; however, the resolution of the problems was often not documented. Early warning signs and the potential neurological risks associated with residents having an unwitnessed fall were not recorded in eight of the ten falls recorded. Interviews and observations evidenced that at times where documentation was not recorded, the required nursing interventions were being implemented, however at times this was not the case. The NM was aware of this risk and was managing the clinical risk while improvements were being attended to. Interviews with residents verified satisfaction with the care provided.</p>	<p>The support required to meet the residents' care needs was not consistently documented in the care plans, nor evidenced to have been provided. Neurological observations were not always taken following an unwitnessed fall.</p>	<p>Provide evidence the care provided reflects fully the residents' required needs. Neurological observations are carried out, as per policy, following an unwitnessed fall.</p> <p>90 days</p>

<p>beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Moderate</p>	<p>The facility currently has one barbeque available for cooking that uses piped gas, not liquid petroleum gas (LPG). This is insufficient to provide cooking facilities in the event of an emergency. The facility is looking at solutions.</p>	<p>The facility has insufficient cooking resources available to use in the event of an emergency.</p>	<p>Provide evidence that the facility has sufficient cooking resources available to use in the event of an emergency.</p> <p>90 days</p>
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p> <p>(a) That a human rights-based approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p>	<p>PA Low</p>	<p>All restraint protocols have been carried out with the exception of six-monthly review of the use of restraint used in the service. There have been no restraint committee meetings and review has not been included in any other meetings held by the service. Restraint is however, included in quality activities, including the internal auditing system. Restraint is also reported to the clinical governance group on a monthly basis and thence to the board at Metlifecare.</p>	<p>Six-monthly review of restraint has not been carried out at The Village Palms.</p>	<p>Provide evidence that six-monthly review of restraint has been carried out at The Village Palms.</p> <p>180 days</p>

<p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is reported to the governance</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.