

Metlifecare Retirement Villages Limited - Metlifecare Crestwood

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Metlifecare Crestwood
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 September 2023 End date: 5 September 2023
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	39

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Melifecare Crestwood provides rest home and hospital level care for up to 41 residents. The service is owned by Melifecare Retirement Villages Limited. The care home is managed by a nurse manager who is supported by a senior registered nurse. Both oversee day to day service delivery and the health status of residents in the care home.

This unannounced surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the services contract with Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā). The audit process included observations and interviews with residents, their families, management, care and clinical and non-clinical staff. The contracted general practitioner was interviewed who provides medical oversight and care. Review of staff and residents' records was undertaken. Residents, their families, staff and allied health professionals interviewed spoke positively about the care and service provided.

No areas for improvement were identified in the previous audit. There were no areas requiring improvement from this audit. The regional operations manager and the regional clinical manager were present for the audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Policies are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake when required.

Policies and procedures are available to guide staff in the care of Pacific peoples and to improve the outcomes of those that identify as Pasifika.

Staff understands the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The quality and risk management systems are focused on quality service provision and care. The business plan was reviewed and set objectives are documented to meet in the coming year. Policies and procedures are current.

The board meets monthly and board members each have areas of expertise to contribute. The board is totally invested in ensuring the best outcomes for residents and that health and safety of residents is a priority. Actual and potential risk are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora Waitematā.

Staff coverage is maintained for all shifts. Acuity of residents is taken into consideration when planning and ensuring adequate cover. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

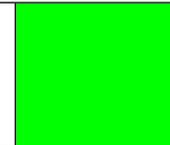
There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

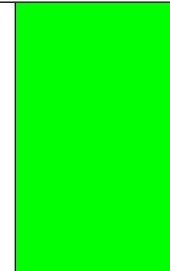


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe and meet the needs of residents living in this care home.

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 service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The senior registered nurse coordinates the programme.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of COVID-19 in May, June, July 2022, and April 2023 were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Policies and procedures are in place that evidenced promotion of eliminating restraint use. At the time of this audit no restraints were in use as per the restraint register reviewed. No restraints have been used for five years or more.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare Crestwood has a cultural policy. Māori residents if admitted to the facility would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake. Care is provided in a way that focuses on the individual and considers values, beliefs and culture.</p> <p>The board and management teams have completed training on Te Tiriti o Waitangi and health equity. A representative on the board identifies as Māori.</p> <p>On the day of the audit there were staff who identified as Māori. No residents identified as Māori.</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</p>	FA	<p>On the day of the audit there were residents who identified as Pasifika. The recruitment policies are in place as for sub-section 1.1 and as evidenced by employment of staff who identify as Pasifika. There were documented policies, procedures and operational plans that included the organisation’s</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>approach to Pacific peoples and their models of care. The service had established links with Pacific communities. Staff interviewed stated that staff could be consulted to provide advice if needed for any Pasifika residents admitted to this aged residential care service.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at Crestwood understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The senior registered nurse (SRN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>appropriately. Resuscitation, service plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints/compliments management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected and to receive a timely response.</p> <p>Staff, residents and families interviewed stated they were fully informed about the procedures and where to locate the forms if needed, or how to complete online. The family members interviewed spoke highly of the care their family members received at Crestwood.</p> <p>Since the previous audit there have been four written complaints received and these were followed through in the register reviewed. The complaints are event coded signed off and dated when resolved. Any complaints received are used for continuous quality improvement.</p> <p>There were no complaints received from the Health and Disability Commissioner's (HDC) office or any other external agency.</p> <p>In the event of a complaint being from a Māori resident or whanau member, the service would seek the assistance of an interpreter or Māori health advisor if needed. The service has a cultural champion and a resident advocate, and all contact details were accessible. The cultural champion is available for advice, facilitates blessings and provides cultural support as</p>

		required.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Metlifecare Crestwood provides aged related residential care for rest home and hospital level care residents. The clinical director of nursing interviewed prior to the audit, is part of the Metlifecare executive team. The operations manager, the regional clinical manager (RCM), the village manager and the care home nurse manager (NM) were present during the audit process. The annual business plan for 2023 to 2024 was reviewed. Clear objectives were in place.</p> <p>The NM has only been in this role for approximately three months. The NM has previous aged care experience and infection prevention and control experience and was well supported by the senior registered nurse (SRN). Family interviewed stated the NM and SRN worked collaboratively together and families were pleased with the care and management of their family members.</p> <p>The board and management team ensure the service complies with all legislative, contractual and regulatory requirements and this includes meeting the obligations of the service agreement with Te Whatu Ora Waitematā. In the business plan there is a commitment to the quality and risk management system and continuous quality improvement. The organisational structure and chart sighted and the RCM interview, verified that the governance in place is appropriate for the size and complexity of the services provided. Meeting minutes and reports were reviewed.</p> <p>The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes, and this was documented in the reviewed business plan for Metlifecare Crestwood. No identified barriers were discussed for Māori seeking care at this care home. The Metlifecare executive team had all completed training on Te Tiriti o Waitangi and health equity. A Māori health advisor on staff since 2022, has provided education for staff on topics such as, 'Safe Support Practices in Aotearoa New Zealand and 'Understanding Diversity' in June 2023. Te Tiriti o Waitangi training for all staff, was planned in September 2023 as per the education plan reviewed. Core cultural competencies are completed by staff at orientation and ongoing updates are provided.</p> <p>Metlifecare Crestwood has Aged Residential Care (ARRC) contracts with Te</p>

		<p>Whatu Ora Waitematā for providing rest home and hospital level care. There are 41 total beds, all dual-purpose beds. On the day of the audit 39 beds were occupied with 14 rest home level care residents and 25 hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The quality and risk programme available was discussed and reviewed. The programme reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of quality outcomes, policies and procedures, health and safety reviews and clinical incident management. The NM is responsible for the implementation of the quality and risk system with input from the SRN. The NM reports monthly to the RCM who reports to the Metlifecare support office team. The organisation's policies and procedures are managed from support office by the quality management team.</p> <p>There were a range of internal audits planned and undertaken in 2023 as per the audit calendar reviewed. Results are collated monthly and action plans are developed as needed, addressed and signed and dated on completion. The service prioritises any findings related to key aspects of service delivery, and resident and staff safety. The staff are informed of any results at the regular monthly quality/staff meetings. Additional meetings are held for the registered nurses monthly, and six-monthly resident meetings are held. A set agenda and minutes of all meetings are maintained. Staff sign when they have read the minutes displayed.</p> <p>An annual satisfaction survey for both residents and staff to complete is next due June 2024. The results of the 2023 survey were reviewed. Comments and data gathered was analysed and used for improving services as needed. Health and safety systems were implemented. There was a current up-to-date risk register reflecting the current environment/facility, with the severity and probability of each risk identified and risk determined. The risks are monitored, analysed and addressed, especially risks associated with service provision.</p> <p>The RCM and the NM interviewed were fully informed and comply with statutory obligations in relation to essential notification reporting. The NM position change was acknowledged as a Section 31 notification and sent through to HealthCERT in June 2023 for the current NM. Additional</p>

		<p>notifications to HealthCERT had been completed since the previous audit which included, 12 staff shortage notifications, two notifications regarding senior nurse position changes, other than the newly employed nurse manager, one in relation to a pressure injury, one environmental issue and one involving a resident.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The NM interviewed explained how the rosters are adjusted in response to resident numbers and the level of care required, and when residents' needs changed. Care staff interviewed confirmed that they can complete their allocated work and do ask for assistance as needed. Family interviewed supported this. Metlifecare have their own staff bureau if needed. Registered nurses are supported to complete administrative duties and to work on interRAI assessments, interRAI re-assessments and updating residents' care plans as needed.</p> <p>The rosters reviewed evidenced staff were replaced for planned and unplanned leave. Twenty-eight caregivers, eight registered nurses including the NM, one full time diversional therapist and two activities coordinators, two cooks, kitchen hands, cleaners, laundry (domestic aides) and maintenance staff make up the team at the care home. Staff interviewed were positive in their comments and a core of stable staff have worked at this facility for some time. One staff member on each shift was a 'first aider' and this was documented on the rosters reviewed. All staff have completed relevant competencies including medication, infection prevention and control, cultural, and restraint competencies.</p> <p>One registered nurse is the designated education coordinator and works closely with the support office nurse educator who oversees all staff education provided. Inservice education is provided regularly onsite. An electronic education system is also available to staff to complete relevant and elective education of their choice. Mandatory education was completed as required for all staff recorded. The registered nurses have a wider list of training completed to enhance their clinical skills including palliative care, wound care management, open communication, informed consent and privacy. The training meets the requirements of the service provider's agreement with Te Whatu Ora Waitematā.</p> <p>There are twenty-eight caregivers employed at this facility all of whom have</p>

		completed a recognised New Zealand Qualification Authority (NZQA) and related training. Sixteen caregivers have completed level 4, seven level 3, four level 2 and one level 1. Enrolments were reviewed for 2023. Staff champion roles are in place and are being embraced for ongoing professional development. Seven of eight registered nurses are interRAI competent. InterRAI competencies are maintained annually.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. All employed and contracted health professionals have current annual practising certificates. The NM is responsible for the recruitment of staff and is still being orientated by the regional clinical manager. Staff records reviewed were well maintained and performance reviews were completed annually with a system in place to ensure these are recorded.</p> <p>An orientation/induction programme has been implemented and staff confirmed its usefulness, applicability and felt well supported. New staff are 'buddied' to work with a senior caregiver for orientation. Additional time was provided as required for new staff. A checklist was completed and filed in the individual staff records randomly selected and reviewed.</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>	FA	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/Enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required time frames and conducts medical reviews promptly.</p>

		<p>Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The SRN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</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</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p>

<p>practice guidelines.</p>		<p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 3 December 2023.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	<p>FA</p>	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness which expires 28 October 2023, and calibration of equipment was current and up to date and completed 24 March 2023. Electrical checks were completed 23 May 2023, and an inventory was maintained.</p> <p>Family interviewed were pleased with the environment being suitable for their family member's needs. There were well maintained garden areas. The environment was clean and tidy throughout the facility. The shared lounge at the village entrance, was the venue for the first combined church service on the day of the audit. The service was well attended by residents of the care home and the residents of the village.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme for January to December 2023 was in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This</p>

		included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities and externally with similar organisations.</p> <p>There were COVID-19 infection outbreaks reported in May, June, July 2022, and April 2023 since the previous audit. These were managed in accordance with the pandemic plan with appropriate notification completed.</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>	FA	<p>Metlifecare is committed to a restraint free environment in all its facilities. There were robust strategies in place to eliminate restraint use. The board clinical governance committee is responsible for the Metlifecare restraint elimination strategy and for monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at board clinical governance meetings and relevant information presented to the board.</p> <p>There were no restraint interventions in place on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to</p>

		restraint use. Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.