

# Metlifecare Retirement Villages Limited - Metlifecare Bayswater

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## Introduction

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

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

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

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

The specifics of this audit included:

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| <b>Legal entity:</b>  | Metlifecare Retirement Villages Limited  |
| <b>Premises audited:</b>  | Metlifecare Bayswater  |
| <b>Services audited:</b>  | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)   |
| <b>Dates of audit:</b>  | Start date: 31 October 2023      End date: 31 October 2023   |
| <b>Proposed changes to current services (if any):</b>   | Reconfiguration and refurbishment of 23 serviced apartments at Bayswater Village to 16 care apartments and 7 care suites. No care has been delivered through an aged-related residential care (ARRC) contract on this site previously. The service hopes to be able to accept admissions from late November or the beginning of December 2023. |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 0  |



# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Metlifecare Bayswater (Bayswater) is situated in Mount Manganui, Tauranga. The facility has been newly reconfigured from serviced apartments which have been refurbished to provide aged-related residential care (ARRC) in care apartments and suites, with residents entering into the service under an occupation right agreement (ORA). The reconfiguration has developed sixteen care apartments and seven care suites across two floors; the care suites are on the ground floor of the building. It was originally proposed that seven of the rooms be designated as appropriate for a couple (double occupancy); however, when viewed onsite only one of the seven was supported as being spacious enough for two people to occupy.

This partial provisional audit has been undertaken to establish the level of preparedness of Metlifecare Bayswater to accept residents into the facility. Metlifecare has employed a village and care manager who will oversee Bayswater, and another (nearby) Metlifecare facility. The village and care manager will be supported at Bayswater by an assistant care manager who is a registered nurse with aged-care experience. The assistant care manager will oversee day-to-day clinical management of the care facility.

Prior to occupancy of residents into the care suites, the service provider will need to show that they have staffing available to meet the proposed roster for the services, including twenty-four hours per day, seven days per week registered nurse cover if hospital residents are admitted, along with staffing to manage activities/leisure for the residents. Any new staff will have to be fully orientated into the service, and the required competencies completed. Additionally, the service provider will need to ensure enough staff employed in the service are first aid certified to cover the roster twenty-four hours per day, seven days per week.

## **Ō tatou motika | Our rights**

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

The Metlifecare governing body will assume accountability for delivering a high-quality service at Bayswater. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities).

The purpose, values, direction, scope, and goals for the organisation have been planned and defined. There is a process in place to ensure that performance is monitored and reviewed at planned intervals.

Metlifecare have reconfigured and refurbished 23 serviced apartments at Bayswater Village to 16 care apartments and 7 care suites. No care has been delivered through on this site previously. The service hopes to be able to accept admissions from late November or the beginning of December 2023.

Proposed staffing levels and skill mix, outlined in the transition plan and proposed roster, are sufficient for the proposed dual-purpose apartments and suites. Staffing levels will be managed as per the resident numbers and acuity. The apartments and suites have been designed to meet the cultural and clinical needs of residents. There is a process already in place through the Metlifecare support office to ensure that staff are appointed, orientated, and managed using current good practice and this has been used in

the recruitment of staff for the facility. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery. A general practitioner service has been contracted to manage residents' medical needs.

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

Medication management policies and procedures are in place to support the safe delivery of rest home and hospital care services. Policies and procedures reflect current good practice and legislative requirements. Medication will be managed electronically and the equipment to manage this has already been purchased. There is a process in place to ensure that medication will be administered by staff competent to do so.

There is a secure medication room for the storage of medication on the ground floor of the facility. The temperature of the room is managed through a heating/cooling pump and refrigeration equipment is being monitored. Controlled medication will be kept securely in the medication room.

Food services will be supplied from a kitchen within the village using a 'hot box'. Menus are in place that meet the nutritional needs of the residents with special cultural needs catered for. There is a food control plan in place that has been approved and there are processes in place to make sure food is safely managed.

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

The facility has been refurbished to meet the care needs of rest home and hospital residents. A certificate of public use has been issued for the facility. Electrical equipment has been tested as required, including new equipment and biomedical equipment purchased for the proposed care apartments and suites. External areas are safe and accessible and meet the needs of people with disabilities.

The new care apartments and suites, across the two floors, are well-appointed. The care suites are on the ground floor. All the apartments and suites have a ceiling hoist in place to assist with caring for residents who require such equipment. One apartment is very large and is suitable for occupancy by two people if this service is required.

The assistant care manager understood emergency procedures for the site, use of emergency equipment and supplies. There is a process in place to ensure any new staff have the appropriate training once recruited through the orientation programme. Annual competency thereafter takes place through a training programme which is already well established in the Metlifecare organisation.

The fire and emergency plan has been ratified by Fire and Emergency New Zealand (FENZ). There are sufficient supplies available for a civil defence emergency. Call bells are in place, including dual call bells in the apartment proposed to hold two residents. Security is in place.

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

Metlifecare, as an organisation, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The assistant care manager is the infection prevention and control resource nurse for the programme with support from the Metlifecare national infection prevention and control lead. Metlifecare's national infection prevention and control lead has been involved in service configuration and procurement processes for the Bayswater facility.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team, which includes the national infection control lead nurse and a geriatrician, have approved the infection control and pandemic plan. People working on the site were noted to be carrying out good principles and practice around infection control. The assistant care manager was familiar with the pandemic/infectious diseases response plan, which has been specifically written to assist Bayswater to manage in an emergency situation.

There are processes in place through the wider Metlifecare organisation to ensure that aged care specific infection surveillance is undertaken with follow-up action taken as required. This will support residents in the proposed care apartments and suites once people are resident.

The environment supports prevention and transmission of infections. There are processes in place to make sure cleaning, laundry, waste, and hazardous substances can be well managed.

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

The service is planned as a restraint-free environment. This is supported by the governing body and policies and procedures.

A comprehensive assessment, approval, and monitoring process, with regular reviews is available to staff at Bayswater should restraint be required.

The assistant care manager (who is currently employed), is the restraint coordinator. The assistant care manager demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative interventions.

Restraint will be part of the performance reporting required by Metlifecare and any restraint use will be reported to the governing body.

## 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                           | 7                   | 0  | 5                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 78                  | 0  | 5                                    | 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  |
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| <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>The governing body of Metlifecare will assume accountability for delivering a high-quality service at Metlifecare Bayswater (Bayswater). Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori have been managed in consultation with an external service, contracted to Metlifecare, whose core business is to advise on matters affecting Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Means to support equity for Pacific peoples and tāngata whaikaha (people with disabilities) is contained within a Pacific health plan and a tāngata whaikaha – people with disabilities policy.</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 performance review requirements at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into practice for all residents.</p> |

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|  | <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 village and care manager (VCM) to manage the Bayswater village alongside management of another nearby Metlifecare site. The VCM will be supported by a full-time assistant care manager (ACM) who is an experienced registered nurse (RN) and who will be responsible for clinical services. The ACM has been employed within aged care and Metlifecare for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples is available through Te Whatu Ora - Health New Zealand Tauranga (Te Whatu Ora Tauranga) and the wider Metlifecare organisation. This is supported through internal policy and procedure and health plans to include specificities aligned with Te Whare Tapa Whā (for Māori) and Fonofale or Te Vaka Atafaga (for Pasifika), as well as peoples from other ethnic backgrounds. The ACM employed by Bayswater has completed Te Tiriti o Waitangi, health equity and equality, diversity, and inclusion training, and this is included in orientation documentation and competencies for new staff employed into the service.</p> <p>Metlifecare board meeting minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the Metlifecare board of directors showed adequate information to monitor performance is reported. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. Bayswater will contribute information through the established reporting channels to board reports once residents are admitted to the service.</p> <p>The Bayswater management team also has processes in place to evaluate services through meetings with residents and their whānau, and through surveys from residents and whānau. Metlifecare already supplies these safeguards to services being delivered in other care homes and will extend this to Bayswater when there are residents present.</p> <p>Te Whatu Ora Tauranga is supportive of the new facility and its</p> |
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|  |               | <p>provision of 23 dual purpose (rest home or hospital level care) care apartments and suites. With one care suite that can accommodate two (consenting) residents, resident numbers are proposed as 24 dual-service (rest home or hospital) residents. Care apartments and suites will be purchased under an occupational right agreement (ORA) with care delivered under an aged-related residential care (ARRC) contract (ARRC in ORA). There are no ARRC services being provided in the proposed care apartments and suites currently.</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>PA Low</p> | <p>Metlifecare has a sound recruitment process in place managed at facility level and through the Metlifecare support office. There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) through a transition plan. The transition plan outlines a process to adjust staffing levels to meet the needs of residents as they are admitted to the facility and thereafter through bed occupancy and resident acuity.</p> <p>The proposed roster for the facility comprises of RN cover 24 hours per day/seven days per week (24/7) with the support of the ACM (who is an RN) five days per week. The RNs will be supported by caregivers, seven of whom have already been recruited. The transition plan shows how staffing will be increased dependent on admissions (refer criterion 2.3.1). The service will also employ a care experience coordinator and an activities coordinator who will provide recreation and leisure support six days per week. Domestic (cleaning and laundry) services will be externally contracted. Food services are already in place servicing the adjacent retirement village; these will be extended to include the proposed care apartments suites.</p> <p>Metlifecare has a formal orientation process for all staff that includes competencies dependent on the role. All staff are required to have cultural competence as part of the orientation process (refer criterion 2.4.4); cultural competency includes equity principles. Continuing education and competency review thereafter is planned by Metlifecare on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training and competency</p> |

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|  |               | <p>requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency, first aid certification (refer criterion 4.2.4) and syringe driver training.</p> <p>Metlifecare supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Training and competence support are provided to staff in the orientation programme and then ongoing to ensure health and safety in the workplace (refer criterion 2.4.4). There are policies and procedures in place around wellness, bullying, and harassment. The service has access to a confidential employment assistance programme (EAP) for staff.</p>  |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>PA Low</p> | <p>Metlifecare human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver care into the care suites. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, including for restraint and infection prevention and control (currently being undertaken by the ACM).</p> <p>Performance appraisals for staff are carried out annually and this will be extended to include any new staff employed for Bayswater. Orientation of new staff to Metlifecare and its care practices is taking place at a nearby Metlifecare site for staff who have already been employed. Prior to resident occupancy, staff already employed and new staff entering into the Bayswater service will need to be orientated to the specific services proposed for Bayswater with competencies assessed (refer criterion 2.4.4).</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and contracts to provide aged-care services with Te Whatu Ora Tauranga. The service has procedures in place to actively seek and recruit Māori and Pasifika at all levels of the</p> |

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|   |               | <p>organisation (including management and governance), dependent on vacancies and applicants.</p> <p>Ethnicity data is currently being recorded and used by Metlifecare in line with health information standards; Bayswater will collect ethnicity information on staff and residents through the Metlifecare systems.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this will be implemented by the service. Staff have access to an EAP should they require personal support.</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>PA Low</p> | <p>Metlifecare’s medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are available for use at Bayswater. A system for medicine management using an electronic system is available for use in the proposed care apartments and suites. Equipment to manage medication administration safely has been purchased. Space on the ground floor of the facility has been designated for storage of medication; this is kept locked. The new medication room is temperature controlled by a heat/cool pump, and there is a process in place to monitor room and refrigerator temperatures.</p> <p>Medications will be supplied to the facility from a contracted pharmacy. There are processes in place to ensure that medication reconciliation occurs. There were no medications on site during the audit.</p> <p>Procedures are in place to ensure that all staff who administer medicines are competent to perform the function they manage, but this has not yet been put into place for the new staff already employed (refer criterion 3.4.3). A process is in place to identify, record and communicate residents’ medicine-related allergies and sensitivities through the electronic medication management system.</p> <p>General practitioner (GP) services have been contracted for the proposed service. Metlifecare’s policies require that GP reviews be recorded on the electronic medication charts of residents; this will be put into place at Bayswater when residents enter the service. Standing</p> |

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|  |           | <p>orders will not be used at Bayswater. Self-administration of medication can be facilitated and safely managed should this be required for new residents.</p> <p>Support for people to understand their medication will be provided by the RNs in the service, in consultation with the GP. Support for Māori will be through the Metlifecare network initially, until relationships with local Māori have been fully established at Bayswater; a geriatrician who is part of the clinical governance group has the knowledge and experience required to provide support, as necessary. Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication, this is normal practice for Metlifecare.</p>   |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food services currently being provided for the adjacent Bayswater Retirement Village are in line with recognised nutritional guidelines for older people. Food is currently being prepared on-site for the retirement village and, once there are occupants in the proposed care apartments and suites, food will be served in the dining rooms and residents' rooms via a 'hot box' food distribution service. The proposed care apartments and suites have a large dining and lounge area, there is room for residents to enjoy their meals in a relaxing environment. A 'hot box' for food transport has been purchased to meet the needs of residents who may prefer to take their meals in the proposed care apartments and suites.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu for Bayswater is managed at an organisational level and set by an employed registered dietitian. Menu development is run on a three-monthly seasonal cycle to coincide with the three-monthly dietitian review. Food preferences for Māori are addressed as required but form part of menu planning for the organisation. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 9 September 2024. Five areas of non-conformance were noted, and these have been addressed. The plan was verified for 18 months.</p> <p>There are processes in place to ensure each resident has a nutritional</p> |

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|  |           | <p>assessment on admission to the facility. The kitchen manager is made aware of the dietary needs of residents via their diet profiles. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori residents.</p>   |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and that they meet legislative requirements. The facility has a certificate of public use in place dated 30 August 2023. The facility is a reconfiguration and refurbishment of an existing space with no requirement for it to be co-designed with Māori. Māori signage and art containing Māori themes were evident throughout the care facility during the audit. Metlifecare are aware of the requirement to consult and co-design with Māori in the future if further building is planned.</p> <p>Whilst a significant refurbishment has been made to the building, the building is not new. A preventative maintenance programme is in place to ensure the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and clinical equipment. Monthly hot water testing is scheduled for resident areas. There is a process in place to identify deficits and managed remediation should this be required in the future. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The proposed care apartments and suites are comfortable and accessible, with space to promote independence and safe mobility. Corridors are wide enough for the safe use of mobility aids, including electronic mobility aids, and handrails are in place. Spaces within the facility are culturally inclusive and suited to the needs of the resident groups proposed for the service. There is a lounge/dining facility on the ground floor. The lounge area can be used for activities for residents. External areas are on the ground floor with the upper floors accessible by lift or a wide stairway at each end of the building. The external spaces are planted and landscaped. There are adequate numbers of</p> |

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|   |               | <p>accessible bathroom and toilet facilities throughout the facility, including separate facilities for staff and for visitors. All apartments and suites in the facility have ensuite toilets, handbasins, and shower facilities.</p> <p>The 23 proposed care apartments and suites are to be occupied under ARRC in ORA contracts to provide dual-purpose (rest home or hospital services) rooms. There are 13 units downstairs (seven of which are care suites) and 10 upstairs (all apartments). One care apartment on the second floor is of sufficient size to accommodate two (consenting) adults. Where two people share a care suite, privacy screens are available to ensure personal cares can be completed with privacy for individual residents. All dual-purpose rooms have a separate lounge area, a bedroom with an inbuilt ceiling hoist, and a bathroom with an accessible shower.</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. All apartments, suites and communal areas have heat pumps in situ, and these can be used to set to residents' preferred heat/cool settings. There is space in the proposed care apartments and suites for the use of mobile moving and handling equipment in case of an emergency; two mobile hoists (standing and sling) have been purchased. Equipment sighted confirmed that enough equipment has been purchased to manage resident care activities.</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 Low</p> | <p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. The fire evacuation plan for the proposed care apartments and suites was approved by Fire and Emergency New Zealand (FENZ) on 12 October 2023 and the requirements are reflected in the Fire and Emergency Management Scheme. All areas have wired smoke alarms and sprinklers in situ. A fire evacuation drill is scheduled six-monthly.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The supplies on hand are sufficient to manage any admissions into the proposed care apartment and suites. Alternative</p>  |

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|  |           | <p>essential energy and utility sources are available, in the event of the main supplies failing. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence emergency.</p> <p>Orientation includes competencies in the management of fire and emergency, and continuing competency in these are part of the annual training programme (refer criterion 2.4.4). Emergency and security arrangements will be explained to new residents and their whānau during the admission process and an information booklet containing emergency and security information (plus other information) will be made available when residents are admitted.</p> <p>Call bells are in place to alert staff to residents requiring assistance. There is a call bell system in all rooms in the proposed care apartments and suites, with two call bells in the bedroom area of the proposed double care apartment. There are also call bells in all toilets (outside of rooms with the exception of staff toilets), and communal areas.</p> <p>There is a programme in place to ensure that there will always be a staff member on duty with current first aid certification. The ACM has completed first aid training, and this will be offered to all RNs and senior caregivers unless they already have a current first aid certification (refer criterion 4.2.4). RNs will be on site 24/7 (refer criterion 2.3.1).</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The Metlifecare governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified.</p> <p>Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels through the clinical team, the clinical management team, the Metlifecare IPC national lead, and through the clinical governance team to the Metlifecare board. Services in the proposed care apartments and</p>   |

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|   |    | suites will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current residents in the wider service.  |
| <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.<br/>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.<br/>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 ACM, who is an RN, is the IPC resource nurse (IPCRN) for Bayswater. The IPCRN is responsible for overseeing and implementing the IP programme at Bayswater with reporting lines to the BCM, the regional clinical manager (RCM) and the Metlifecare IPC national lead. The IP and AMS programme is linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN and the Metlifecare ICP national lead have the appropriate skills, knowledge, and qualifications to support and maintain safe IPC and AMS practices at the facility. Advice was sought from Metlifecare's IPC national lead prior to and during the refurbishment, and when making decisions around procurement relevant to care delivery, and policies.</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by Metlifecare's clinical governance group and are based on accepted good practice. Cultural advice is sought where appropriate. Staff were made familiar with policies and procedures through education during orientation (refer criterion 2.4.4) and through ongoing education. Policies, processes, and audits ensure that reusable and shared equipment are decontaminated using best practice guidelines. There are processes and equipment in place to ensure single use items can be discarded after use. Educational resources include a range of brochures which are available and accessible in te reo Māori. Processes already in place will be extended to meet the needs of residents in the proposed care apartments and suites.</p> <p>A pandemic/infectious diseases response plan is documented. Sufficient resources have been purchased to manage infection, including sufficient stores of personal protective equipment (PPE). The IPCRN reported that there are processes in place to make sure that residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> |

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| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>  | <p>FA</p> | <p>Metlifecare is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes, that they are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme currently in place will be extended to encompass the Bayswater proposed care apartments and suites.</p>   |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</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>Policy and procedures for the surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Bayswater will use Metlifecare’s standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>A process is in place for Bayswater to institute Metlifecare’s HAI monitoring processes. This requires that monthly surveillance data be collected, collated, and analysed to identify any trends, possible causative factors and required actions in respect of HAIs. Results of the surveillance programme are shared with staff, and at clinical governance and governance level. Surveillance data includes ethnicity data and antibiotic use.</p> <p>Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p> <p>Results of surveillance are benchmarked with other Metlifecare sites and reported per 1000 occupied bed days. In addition, results are benchmarked to a number of other similar health care providers in New Zealand. Surveillance processes will be extended to include residents admitted to Bayswater.</p> |

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| <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>PA Low</p> | <p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and transmission of antimicrobial-resistant organisms at Bayswater. Suitable personal protective equipment (PPE) is available to those who will be handling contaminated material, waste, and hazardous substances. Chemicals in the facility during the audit were labelled and were being stored safely in secured areas. Material data safety sheets (MDSS) are available to staff for emergency use. Sluice rooms are in place for the disposal of soiled water and waste, and bedpan/urinal sanitisation equipment has been purchased. Hand washing facilities and hand sanitisers were available throughout the facility. There are as yet, no visitors entering Bayswater for there is no evidence that people, visitors, and the workforce are protected from harm when handling waste or hazardous substances especially given staff have not yet been orientated to the service (refer criteria 2.4.4 and 5.5.2)</p> <p>There are documented policies and processes in place for the management of cleaning, laundry, waste, and infectious and hazardous substances. The IPCRN has oversight of facility testing and the monitoring programme for the facility. Cleaning and laundry processes will be managed by external contractors; monitoring for effectiveness will be managed through Metlifecare's internal auditing programme.</p> |

## Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence   | Audit Finding   | Corrective action required and timeframe for completion (days)  |
|--|-------------------|--|---|---|
| <p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | PA Low            | The service has employed an ACM, four RNs, and seven caregivers. Recruitment is ongoing to ensure that there will be sufficient staff to cover the proposed roster once residents are admitted to the proposed care apartments and suites.   | Staffing levels are not yet in place to provide culturally and clinically safe services in the proposed care apartments and suites. | <p>Ensure there are sufficient staff in place to provide culturally and clinically safe services for rest home and hospital level care residents in the proposed care apartments and suites.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>           | PA Low            | Metlifecare has robust processes in place to orientate staff to their facilities and these will be utilised at Bayswater. The ACM has been orientated into the service. Other staff currently employed for the service are orientating in Metlifecare processes at a nearby Metlifecare site. Staff already employed and new staff entering into the Bayswater service | Staff employed to work at Bayswater have yet to be orientated to the facility, nor have the required competencies been assessed     | <p>Provide evidence that staff working at Bayswater have been orientated to the facility and that the required competencies have been assessed.</p> <p>Prior to occupancy days</p>  |

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|  |        | will need to be orientated to the specific services proposed for Bayswater and have appropriate competencies assessed (e.g., medication, fire and emergency management, moving and handling, chemical safety, food handling, infection control including pandemic planning and the use of personal protective equipment (PPE), and restraint).  |   |  |
| <p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>                         | PA Low | There is a process in place to ensure that staff who manage medication are competent to perform this function, but this has not yet been put into place for the staff employed by the service. Medication competency is required in the orientation of staff, dependent on their roles. All RNs and some (senior) caregivers will be expected to complete medication competency.                | Staff employed by the service do not, as yet, have documented medication competency.  | <p>Provide evidence that staff who are managing medication are competent to support the safe receipt, storage, administration, monitoring, safe disposal, and returning to pharmacy functions dependent on their roles.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p> | PA Low | Staff have been, or are being, recruited to the service. The ACM completed first aid certification on 28 September 2022 and was certified for two years. Staff have been recruited who do not have current first aid certification. Registered nurses and senior CGs will be booked to complete first aid training to meet roster requirements before residents are accepted into the facility. | Not all staff who have been recruited for the service have completed first aid certification. There are insufficient staff with current first aid certification to cover the roster for the service 24/7. | <p>Provide evidence that there are sufficient staff who are first aid certified to cover the roster prior to residents being admitted to the service.</p> <p>Prior to occupancy days</p>   |

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| <p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p> | <p>PA Low</p> | <p>There is no evidence that people, visitors, and the workforce are protected from harm when handling waste or hazardous substances given staff have not yet been orientated to the service and there are no residents or staff yet receiving services.</p> | <p>Bayswater cannot yet ensure that people, visitors, and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances, especially since staff have not yet been orientated to the use of hazardous substances and the management of waste for the service.</p> | <p>Provide evidence that people, visitors, and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances and that staff have been orientated to the use of hazardous substances and the management of waste for the service.</p> <p>60 days</p> |

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

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

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

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

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End of the report.