

Metlifecare Retirement Villages Limited - Springlands Village

Introduction

This report records the results of a 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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| Legal entity: | Metlifecare Retirement Villages Limited |
| Premises audited: | Springlands Lifestyle Village |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 26 September 2023 End date: 27 September 2023 |
| Proposed changes to current services (if any): | Proposed sale of Springlands Lifestyle Village to Metlifecare Limited |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 56 |

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 haumaruru | 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

Springlands Lifestyle Village (Springlands) provides rest home and hospital level care for up to 45 residents in care rooms. There are also 31 units within the facility which are occupied under a 'licence to occupy' agreement, one of which is a double room occupied by a couple. The facility is owned and operated by six directors of Springlands Senior Living Limited; one of the directors is actively involved in the service and is the managing director.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand Nelson Marlborough (Te Whatu Ora Nelson Marlborough) in anticipation of a sale of the facility to Metlifecare. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, a governance representative, managers, staff, and a nurse practitioner. Representatives from the proposed purchaser were interviewed during the audit. The proposed new provider is currently providing

aged care services in a number of aged-care facilities and retirement villages around New Zealand. The sale of the business is expected to occur in November 2023.

The facility is managed by an experienced manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents, whānau and external health providers were complimentary of the care provided.

Areas requiring improvement from this audit relate to Pasifika engagement, governance responsibility, staffing and staff credentialling, and checking of biomedical and fire equipment.

Ō tatou motika | Our rights

Springlands Lifestyle Village provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Springlands works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were no Māori or Pasifika residents in Springlands at the time of the audit; however, systems and processes were in place to enable Māori and Pacific people to be provided with services that recognised their worldviews in a culturally safe manner.

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

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

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. There is one complaint that was received via the Health and Disability Commissioner which remains open at the time of audit.

Hunga mahi me te hanganga | Workforce and structure

The board at Springlands Lifestyle Village assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and there is meaningful Māori representation on the board.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

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

A transition plan is in place to transfer the facility to the prospective provider.

Ngā huarahi ki te oranga | Pathways to wellbeing

When people enter the service a person-centred and whānau-centred approach is adopted at Springlands Lifestyle Village. Relevant information is provided to the potential resident and their whānau in a format that is appropriate to the person.

Springlands works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new concerns/issues that may arise. Files reviewed demonstrated that care met the needs of residents and whānau and is evaluated on a regular and timely basis.

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

Medicines are safely managed and administered by staff who have the relevant competency to undertake the task.

The food service at Springlands meets the nutritional needs of the residents with special cultural needs catered for when required. Food safety management is delivered to a high standard. The food safety programme has been signed off for 18 months by an external food safety management consultant.

Residents at Springlands Lifestyle Village are appropriately referred or transferred to other health providers as required.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Security is maintained.

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

The infection prevention and control programme is linked to the quality management system. Significant infection events are reported to the Board.

Springlands Lifestyle Village has a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The service is adequately resourced. An experienced and trained infection prevention and control coordinator (IPCC) leads the programme with oversight from the clinical services manager (CSM).

The IPCC is involved in the procurement processes, any facility structural changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the current pandemic/infectious diseases response plan.

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry and housekeeping services at Springlands Lifestyle Village.

Here taratahi | Restraint and seclusion

The service is a restraint-free environment. No restraint has been in use since 2021. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews occurs should any restraint be used. Restraint would be used only as a last resort when all

other strategies had failed. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

The prospective provider is also committed to restraint elimination and, given it is already a provider of aged-care services, they understood the rights and requirements in relation to any restraint use.

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) |
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| Subsection | 0 | 20 | 0 | 7 | 0 | 0 | 0 |
| Criteria | 0 | 160 | 0 | 8 | 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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p> | <p>Springlands Lifestyle Village (Springlands) provides an environment that supports residents’ rights and is culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care to guide culturally safe services.</p> <p>The service works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Processes are in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). The service can access support through its board (there is Māori representation on the board), its staff, and through a kaumatua from Omaka Marae.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation.</p> |

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| | | Ethnicity data is gathered when staff are employed. There were staff who identified as Māori in the service, one in a leadership position. |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | PA Low | <p>Springlands has a Pacific health plan in place, developed with appropriate cultural advice, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were no residents who identified as Pasifika in the facility during the audit. Springlands has not yet forged alliances with local Pasifika groups to support health and wellbeing outcomes for Pasifika admitted to the service (refer criterion 1.2.5).</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed. There were staff who identified as Pasifika in the service.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters around the facility in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Code and the Nationwide Health and Disability Advocacy Service were displayed in the reception area, in English and Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents of Springlands in accordance with their wishes. Springlands recognised mana motuhake. Interviews with six visitors, who visit regularly, confirmed staff were respectful and</p> |

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| | | <p>considerate of residents' rights. The prospective provider is also aware of its responsibilities under the Code and had policies and procedures in place to ensure these are respected.</p> <p>Springlands had a range of cultural diversity in their staff mix, and staff can assist if interpreter assistance is required. Springlands also had access to interpreter services and cultural advisors/advocates if required through Te Whatu Ora Nelson Marlborough.</p> <p>Support for Māori is available through staff who identify as Māori, and through a kaumatua from Omaka Marae. Relationships have not yet been established with Pasifika communities (refer criterion 1.2.5).</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Springlands supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Springlands were educated in Te Tiriti o Waitangi, cultural diversity, cultural safety, and health equity. The staff could speak and learn te reo Māori, with the assistance of staff members who identified as Māori and the facility's kaumatua contact.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Springlands responded to tāngata whaikaha needs and enabled all residents the opportunity</p> |

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| | | to participate in te ao Māori. Training on the aging process, diversity, and inclusion included training on support for people with disabilities. |
| <p>Subsection 1.5: I am protected from abuse</p> <p>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>Employment practices at Springlands included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Springlands was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Ten residents and six whānau members interviewed expressed satisfaction with the services provided at Springlands.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | FA | <p>Springlands residents and their whānau, reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings and documentation. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Springlands were held regularly in addition to regular contacts with whānau by emails and telephone calls, and an 'open door' policy to the village manager (VM) and the clinical services manager (CSM) kept whānau informed. A notification on the notice boards advised when events were being held.</p> |

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| | | <p>The VM and CSM were onsite and accessible most days. Evidence was sighted of residents communicating with all staff, including the VM and CSM. Residents' whānau and staff reported the VM and CSM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or 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> | FA | <p>Residents at Springlands and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori were available to assist staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kaumatua from the Omaka Marae was available to support and advise if needed.</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> | FA | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Residents and whānau interviewed understood their right to make a complaint and</p> |

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| <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>knew how to do so.</p> <p>Documentation sighted for 13 complaints received in the last 12 months showed that complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. There are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There had been two complaints received via external sources since the previous audit – one from Te Whatu Ora Nelson Marlborough and one via the Health and Disability Commissioner (HDC). There was also an existent HDC complaint (from 2018) which was open at the time of the last audit. The 2018 HDC complaint has now been closed by the HDC as has the complaint received via Te Whatu Ora Nelson Marlborough. The further complaint received via the HDC was initially being addressed as a complaint to the facility on 29 May 2023 prior to the complainant sending their complaint to the HDC. This process has now taken precedence, the provider has responded (on 9 June 2023) to the HDC's 9 June 2023 email advising of the complaint and is yet to hear back from them. The complaint remains open.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The governing body assumes accountability for delivering a high-quality service. It has Māori representation at board level. Equity for Māori and Pacific peoples has been addressed through the Māori and Pacific health plans, and equity for tāngata whaikaha is enabled through choice and control over their supports and the removal of barriers that prevent access to information. The prospective provider has an established organisation structure to deliver high-quality services to residents.</p> <p>The strategic and business plans include statements identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into levels of practice for all</p> |

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| | <p>residents. The strategic plan for the service, approved by the board, demonstrated leadership and commitment to the quality and risk management programme, but there is no direct reporting of quality activities to the board, including infection prevention (IP) and antimicrobial stewardship (AMS) activities (refer criterion 5.1.3) and restraint (though no restraint was in use – refer criterion 6.1.4). Significant events are reported immediately and there are regular meetings with the board’s managing director and the VM and CSM of the service.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified village manager to manage the service with the support of a clinical services manager (CSM) who is responsible for clinical services. Both the VM and CSM maintain currency within the field, have been employed within aged care for several years, and confirmed knowledge of the sector, and regulatory and reporting requirements. The management team works with staff to meet the requirements of relevant standards and legislation.</p> <p>Internal quality data is collected and aggregated, and corrective actions completed where deficits have been identified. A sample of reports showed adequate information to monitor performance is reported.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings two-monthly through the activities programme. Residents’ satisfaction surveys and general resident meetings showed a good level of satisfaction with the services provided. The resident’s satisfaction survey found that opportunities for improvement were identified for the complaints process (knowledge of), call bell responses, and being given information, and these have been addressed. Residents and whānau reported a high level of satisfaction when interviewed.</p> <p>The facility will be under the prospective purchaser’s governance from the date of settlement. The prospective purchaser is a privately listed company which consists of a board of directors, a</p> |
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| | | <p>chief executive officer (CEO), and a team of executives including a clinical director who oversees all clinical operations. The director role is assisted by a team of regional clinical managers (RCMs). The prospective provider's clinical transition leader (CTL) will support the transition. They have recently assisted with the purchase and clinical transition of eight other sites. There is a transition plan in place. Metlifecare have notified Te Whatu Ora Nelson Marlborough of the proposed purchase. Springlands staff will work most closely with the CTL and the RCM for the area during the transition; part of this will be to submit the necessary documentation needed prior to transfer, for example: Section 31 notification of manager details, evidence of addressing corrective actions arising from this audit. The prospective provider has a process in place so that all quality activities, including IP and AMS and restraint, are reported to governance monthly and this will be rolled out to Springlands once the purchase has been completed.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough for the provision of age-related residential care (ARRC) rest home and hospital care, short-term residential care (respite), long-term support-chronic health conditions (LTS-CHC), and for young person disabled (YPD). The service has 45 dual-purpose rest home/hospital level care beds and 31 units (76 in total) which can be occupied under an occupation rights agreement (ORA). Of the ORA units, 11 are serviced apartments, nine are independent apartments, and 11 are studios; one of the serviced apartments is a double with a couple in residence. Fifty-six (56) residents were receiving services at the time of audit. Twenty-eight (28) under the ARRC rest home contract (one was under 65 on a 'close in age and interest' contract, three were in ARRC in ORA serviced apartments, two in ARRC in ORA independent apartments, and nine in ARRC in ORA studios), 25 under the ARRC hospital level contract, two under respite contracts (both hospital level care) and one under a YPD contract. There were no residents receiving services under the LTS-CHC contract.</p> |
| Subsection 2.2: Quality and risk | FA | The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the |

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| <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>monitoring and management of adverse events, complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, and clinical incidents, for example, infections and wounds, and use of restraint (no restraint was in use). Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The CSM understood and has complied with essential notification reporting requirements. There have been 39 section 31 notifications made in the last 12 months, 35 were due to registered nurse (RN) shortage, the remaining four related to pressure injuries.</p> <p>The CSM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Monthly quality and management meetings were held which outlined an overview of adverse events, infections, compliments and complaints, clinical incidents, restraint, food services, staff-related issues and training, and internal audits. All quality data collected identifies trends, and specific shortfalls are addressed using a corrective action process. Critical and significant events are reported immediately to the board. A sample of reports reviewed showed adequate information to monitor performance is reported. The service also works to identify opportunities to improve their services. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Satisfaction surveys are conducted. The resident satisfaction survey conducted in 2022 was generally positive across all items surveyed. The Springlands management team also evaluates services through two-monthly meetings with residents and their whānau.</p> <p>There are no legislative compliance issues for the prospective provider to be aware of other than any arising from the HDC complaint (described in subsection 1.8). A transition plan is in place</p> |
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| | | <p>to transfer the facility to the prospective provider. There will be a CTL and an RCM as well as an operations manager who will oversee and support this transition, along with other key support staff, for example, information technology (IT) and human resource (HR) staff. There is no intention to make major changes to the current service or its staffing immediately following the transition, beyond migrating the electronic medication management and the HR management system currently in use by the service to the prospective buyer's supplier. Metlifecare already has well established quality systems in place to support the transition and ongoing reporting requirements.</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>There is a process in place for determining staffing levels and skill mix to provide services, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported the adequacy of staffing. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility. Position descriptions reflected the role of the respective position and expected behaviours and values.</p> <p>While the staffing for the facility on morning and afternoon shifts is adequate to provide culturally and clinically safe care, there is an issue at night in that five residents upstairs in the facility being cared for under ARRC in ORA agreements have no specific staffing cover at night (refer criterion 2.3.1).</p> <p>The prospective provider reported that there was no intention of changing the staff provision that is in place from the time of the transition, they intend to take a 'wait and see' approach to staffing and were made aware of the concerns regarding night staffing in the upstairs ARRC in ORA units upstairs as identified during the audit. Metlifecare have an acuity tool that can be utilised should this become necessary, for example, for acuity changes over time.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are</p> |

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| | | <p>assessed and support equitable service delivery. HCA staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Nelson Marlborough; sixteen HCAs hold level four qualification and seven level three. Records reviewed demonstrated completion of the required training and competency assessments. Cultural competency and Māori Health Framework education has been completed for staff in 2023.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There is a wellness policy in place and staff have access to independent counselling services.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>PA Low</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is in place for RNs and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and dietitian). This has not been maintained (refer criterion 2.4.3).</p> <p>A sample of eight staff records were reviewed. These evidenced implementations of the recruitment process, the provision of employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed</p> |

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| | | <p>and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them. Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p> <p>The prospective purchaser already has robust human resource management processes in place, and these will be utilised to facilitate the transition of staff from Springlands to Metlifecare.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Springlands maintain quality records that complied with relevant legislation, health information standards and professional guidelines. Information held electronically was username and password protected. Any paper-based records were held securely, were only available to authorised users, and were held only for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Springlands are not responsible for the National Health Index registration of people receiving services.</p> |
| Subsection 3.1: Entry and declining entry | FA | Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and |

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| <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p> <p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>Service Coordination (NASC) agency. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori and Pasifika.</p> <p>Springlands had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local marae. A kaumatua from the marae is available as required to assist the service to meet the needs of Māori. When admitted, residents had a choice over who would oversee their medical requirements, and this had been facilitated.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The multidisciplinary team at Springlands worked in partnership with the resident and their whānau to support the resident's wellbeing. Eight residents' files were reviewed: four hospital files and four rest home files. These files included residents residing in a serviced apartment and receiving care, residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who had had a fall, and residents with complex nutritional needs.</p> <p>The eight files reviewed verified that a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, neurological observations taken, oversight by the RN, and timely notification to the resident's</p> |

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| | | <p>family. Residents with long-standing wounds had wound assessments, a wound management plan and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the wound care nurse had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in two of the files reviewed where short-term problems had been identified and interventions to address the problems were evident.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Springlands service development and delivery of services, that provide choice and control and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews with residents, whānau, staff and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The diversional therapist and the two activities coordinators at Springlands provided a diverse activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Activities included visits by local school and preschool groups, musical groups, van outings to community events in Blenheim, museums, wineries, the</p> |

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| | | <p>shops, and other places of interest.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori were provided. Māori Language Week had been recognised, with opportunities for residents to learn te reo Māori and learn about Te Tiriti o Waitangi. Matariki was celebrated. Springlands also celebrated Pasifika weeks, in addition to several other cultural days.</p> <p>Residents and their whānau were involved in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs. Observations, monthly residents meeting minutes, surveys and interviews evidenced residents and their whānau were satisfied with the activities provided at Springlands.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>The medication management policy at Springlands was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly general practitioner (GP) review was recorded on the medicine chart. All residents' photographic identification on medication charts had been updated within a six-month timeframe. Standing orders were not used at Springlands.</p> <p>Processes are in place at Springlands to allow residents to self-administer medication. This is facilitated and managed when</p> |

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| | | <p>requested, however there were no residents self-administering medicines on the days of audit.</p> <p>Systems were in place to ensure residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food service provided at Springlands was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in June 2022. Recommendations made at that time had all been implemented.</p> <p>The service operated with an approved food safety plan. A verification audit of the food control plan was undertaken at Springlands in May 2023. One of the two findings requiring corrective action, had been implemented. The other finding, the recall food policy was being developed. The food control plan was signed off for an 18-month timeframe. The plan is due for re-audit November 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. There is a Māori and Pasifika-inspired menu option available to residents.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by meal service observation, resident and whānau interviews, and resident and whānau meeting minutes and satisfaction surveys. This was supported on the day of the audit when residents responded favourably with the meals provided over the two days of the audit. Residents were given sufficient time to eat their food and enjoyed socialising with one another at the meal table. Residents requiring assistance with their</p> |

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| | | <p>meal had this provided by staff. The kitchen manager, on both days of audit, was observed to ask residents after they had eaten whether they had enjoyed their meal. No comments of dissatisfaction were made.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>PA Low</p> | <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, and resident equipment checks. Calibration of biomedical equipment has not been completed (refer criterion 4.1.1). Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 19 April 2024. There are currently no plans for further building projects requiring consultation from either the current or the prospective buyer, but Springlands and Metlifecare are aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their</p> |

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| | | <p>needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are appropriate for their purpose. Rooms for residents receiving hospital level care were spacious and allowed room for the use of mobility aids and moving and handling equipment. There was one room housing a couple and consent for this had been sought prior to admission. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating (some is from solar panels on the roof of the facility) is provided in the facility which can be adjusted depending on seasonality and outside temperature. There is underfloor heating with cooling pumps in the hospital area.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The prospective provider has no plans at present to make any environmental changes to Springlands.</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>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 27 May 2023 and the requirements of this are reflected in the Fire and Emergency Management Scheme. The plan requires that a fire evacuation drill be held six-monthly, the most recent drill was held on 16 May 2023. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire extinguishers but there was no evidence available to verify that these had been checked since May 2021 (refer criterion 4.2.2).</p> |

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| | | <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff have been trained and knew what to do in an emergency.</p> <p>All RNs and some other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit.</p> <p>Call bells alert staff to residents requiring assistance and these were noted to be accessible and within reach of residents and staff. Residents and whānau interviewed during the audit reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>PA Low</p> | <p>Springlands has a suite of infection prevention (IP) and antimicrobial stewardship (AMS) policies. The IP and AMS programmes were appropriate to the size and complexity of the service. There was no evidence of approval of the IP and AMS programmes by the governing body in strategic documentation such as the business plan (refer criterion 5.1.1).</p> <p>Whilst there were no mechanisms that the Springlands governance representative could describe that would allow the governance group to access IP and AMS expertise, the infection prevention and control coordinator (IPCC) had access to support and resources through Te Whatu Ora Nelson Marlborough and could utilise these to assist the Board. There was evidence of IP and AMS links to the quality improvement system, and evidence that both programmes are being reviewed annually.</p> <p>Clinically competent staff made sure that the IP and AMS programmes are being appropriately managed. Infection prevention and AMS information is discussed at facility level but not reported to the board at board meetings (refer criterion 5.1.3); significant</p> |

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| | | <p>events are reported to the board immediately. Data on infections and antibiotic use includes ethnicity data to support equity in IP and AMS programmes. There were no mechanisms that the Springlands governance representative or the infection prevention and control coordinator (IPCC) could describe that would allow the governance group to access IP and AMS expertise (refer criterion 5.1.2).</p> <p>The prospective provider has infection prevention (IP) and antimicrobial stewardship (AMS) programmes in place along with reporting to governance level. It also has an infection control clinical lead staff member as part of its clinical advisory group.</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> | <p>FA</p> | <p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the CSM. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support as required. The IC committee collectively make decisions around procurement relevant to care delivery and have input to facility design changes and organisational policy. The IP programme in place has not been approved by the governance body (refer criterion 5.1.1).</p> <p>There are outbreak and pandemic plans in place which have been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in its use.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current good practice.</p> <p>Policies include procedures related to the decontamination and disinfection of medical instruments. Staff were aware which items were designated single use, and these are not reused. Cultural advice was sought when appropriate.</p> <p>Staff were familiar with the policies through orientation and education annually. Staff were observed to follow policy correctly. Residents, their whānau, and visitors to the facility are educated</p> |

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| | | about infection prevention in a manner that meets their needs. |
| <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> | FA | <p>Springlands has a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company, but the programme itself had not been formally approved by the governing body, nor was it documented in strategic documentation (refer criterion 5.1.1). Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use and identifying areas for improvement.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data includes ethnicity data. Results of the surveillance programme are shared with staff at monthly meetings, on notice boards in staff rooms, and on the facility electronic noticeboard.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p> <p>A summary report for an influenza outbreak in 2022 was reviewed and demonstrated a through process for investigation and follow up. Learnings from the event have been incorporated into practice.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p> | FA | <p>A clean and hygienic environment at Springlands supports prevention of infection and transmission of antimicrobial-resistant organisms. Hand washing facilities and liquid hand sanitiser gel dispensers were available throughout the facility. The IPCC has oversight of the facility testing and monitoring programme.</p> |

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| <p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | | <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Sluice rooms were available for the disposal of soiled water/waste. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Chemicals for cleaning were labelled and stored safely in a locked cupboard staff had appropriate and adequate access, as required.</p> <p>All laundry was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>There are documented policies and processes for the management of waste and infectious and hazardous substances. Staff involved have completed relevant training and were observed to carry out their duties safely.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Residents and their whānau reported that the laundry is well managed, and the facility is kept clean and tidy. This was evident through observation.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p> | <p>PA Low</p> | <p>Springlands is committed to a restraint free environment, and this is documented in the policy and procedure in place which meet the requirements of the standard. The service has been restraint free since 2021 and there were no residents observed to be using restraint during the audit. Restraint use is not reported to board level (refer criterion 6.1.4).</p> <p>There are strategies in place in the service to support the</p> |

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| <p>restraint in the context of aiming for elimination.</p> | <p>elimination of restraint, including an investment in equipment to support the removal of restraint (e.g., through the use of 'intentional rounding' (scheduled resident checks), low/low beds, and sensor equipment).</p> <p>The restraint coordinator (RC) is a defined role undertaken by the CSM. The RC, in consultation with the multidisciplinary team, would provide support and oversight of restraint use should restraint be required in the future. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. There are clear lines of accountability, and the RC has a job description in place that outlines the role. The RC has also had specific education around restraint and its use.</p> <p>The restraint committee continues to maintain a restraint register; the criteria on the restraint register contained enough information to provide a record of restraint use should this be required. The restraint committee undertakes a two-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in meeting minutes. Restraint is also considered during the individualised care planning process with alternative interventions put into place if the resident is thought to be at risk. Restraint is considered only when all other interventions have failed. Any changes to policies, guidelines, education, and processes are implemented if indicated. There are processes in place for emergency restraint in policy should this be required.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation (excluding governance as noted above).</p> <p>The prospective provider also supports a restraint-free environment and has policies and equipment in place to alleviate the need for</p> |
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| | | <p>the use of restraint. It does, however, still have policies and procedures in place should restraint be required.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p> | PA Low | Springlands has not yet forged alliances with local Pasifika groups to support health and wellbeing outcomes for Pasifika admitted to the service. The service has staff who identify as Pasifika. The staff will be asked to assist the service to look to potential links in the community moving forward | Springlands has not yet forged alliances with local Pasifika groups to support health and wellbeing outcomes for Pasifika who might be admitted to the service. | <p>Provide evidence that Springlands has forged alliances with local Pasifika groups to support health and wellbeing outcomes for Pasifika who might be admitted to the service.</p> <p>180 days</p> |
| <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 | While the staffing for the facility on morning and afternoon shifts is adequate to provide culturally and clinically safe care, there is an issue with night duty. On night duty there is a registered nurse and two health care assistants (HCAs). The RN and one HCA is in place for the hospital and the other HCA for the rest home, all are based | There are insufficient staff on night duty to manage oversight for all residents receiving care in the facility to ensure culturally and clinically safe care. | Provide evidence that there are sufficient staff on night duty to manage oversight for all residents receiving care in the facility to ensure culturally and clinically safe care. |

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| | | downstairs in the facility. There is no direct oversight of five residents who are receiving services under ARRC in ORA agreements upstairs at rest home level. These are meant to be in the oversight of the HCA who looks after the rest home residents' downstairs. If the HCA is doing 'checking rounds' or responding to requests for assistance upstairs, this leaves 28 residents' downstairs with no direct oversight and unless the HCA is upstairs the five residents upstairs do not have direct oversight of a staff member. While there have not been any specific issues relating to this, this is a risk that needs to be addressed. | | 90 days |
| <p>Criterion 2.4.3</p> <p>Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.</p> | PA Low | Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is in place for RNs and associated health contractors, but this has not been maintained. There is no process in place to ensure all annual practising certificates are checked for all allied health practitioners annually. Eighteen (18) from 33 practising certificates for general and nurse practitioners were not current. | There is no process in place to make sure all practising certificates for allied health practitioners are checked annually. | <p>Provide evidence that a process has been set up to make sure that all practising certificates for allied health practitioners are checked annually.</p> <p>180 days</p> |
| <p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment</p> | PA Low | Whilst no issues related to biomedical equipment failure had been documented, none of the biomedical equipment (e.g., sphygmomanometers, glucometers, oxygen saturation sensors) in the facility has been checked and calibrated since the | None of the biomedical equipment owned by the facility has been checked and calibrated since the last audit. | Provide evidence that biomedical equipment owned by the facility has been checked and calibrated. |

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| is inclusive of peoples' cultures and supports cultural practices. | | last audit. | | 90 days |
| <p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p> | PA Low | The facility is sprinklered and has wired smoke alarms in place. Also in place are fire extinguishers; these are meant to be checked annually by the contractor who checks the fire systems at Springlands. There was no evidence available to verify that these had been checked since May 2021. | There was no evidence to verify that fire extinguishers had been checked since May 2012. | <p>Provide evidence that the fire extinguishers have been checked and are included in the annual fire safety checks for the service.</p> <p>180 days</p> |
| <p>Criterion 5.1.1</p> <p>The governance body shall identify the IP and AMS programmes as integral to service providers' strategic plans (or equivalent) to improve quality and ensure the safety of people receiving services and health care and support workers.</p> | PA Low | Springlands has a suite of IP and AMS policies in place, these are externally sourced. There was no evidence of approval of the IP and AMS programmes by the governing body in strategic documentation such as the business plan, however, operational infection prevention and control measures in place were noted to be effective. | There was no evidence that IP and AMS programmes have been approved by the governing body, and no information in strategic documentation such as the business plan around the management of IP and AMS within the facility. | <p>Provide evidence that IP and AMS programmes have been approved by the governing body and that IP and AMS information is included in strategic documentation such as the business plan.</p> <p>180 days</p> |
| <p>Criterion 5.1.3</p> <p>There shall be a documented pathway for IP and AMS issues to be reported to the governance body at defined intervals, which includes escalation of significant incidents.</p> | PA Low | Other than significant events, there was no evidence that IP and AMS issues are reported to governance level. | Infection prevention and AMS issues are not being reported to governance level. | <p>Provide evidence to show that IP and AMS issues are being reported to governance level.</p> <p>180 days</p> |
| <p>Criterion 6.1.4</p> <p>Executive leaders shall report</p> | PA Low | Whilst restraint was not being used at the facility, there was no reporting mechanism to report restraint to the governance group. | There is no mechanism in place to ensure restraint is reported to governance | Provide evidence that a mechanism is in place to ensure restraint is being |

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| restraint used at defined intervals and aggregated restraint data, including the type and frequency of restraint, to governance bodies. Data analysis shall support the implementation of an agreed strategy to ensure the health and safety of people and health care and support workers. | | Governance was unaware of the need for restraint to be reported to governance level. | level. | reported to governance level. 180 days |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.