

Metlifecare Retirement Villages Limited - Pinesong

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Pinesong
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 October 2023 End date: 9 October 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	8

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Metlifecare Pinesong provides rest home and hospital level care for up to nine residents. There have been no significant changes since the previous audit.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

Improvements have been made to care plan interventions and the display of a current warrant of fitness for the Pinesong building, addressing those areas requiring improvement at the previous audit. Improvements required in respect of this audit related to medication competency assessments for staff checking medication.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Metlifecare has a Māori and Pacific people’s health policy in place to guide staff at Pinesong in caring for Māori and Pasifika. The policy outlines Metlifecare’s commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā (for Māori) and Fonofale (for Pasifika) models of care. Staff at Metlifecare Pinesong work collaboratively to support and encourage a Māori world view of health in their service delivery. Staff were observed to engage with residents in a culturally appropriate way. There were no Māori or Pasifika residents in the service during the audit.

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

Complaints, except a recent one which is in process, have been resolved promptly and effectively in collaboration with all parties involved. There is currently one open complaint received via the Health and Disability Commissioner (HDC) and this is being addressed by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided by Metlifecare Pinesong.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead 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.

Ngā huarahi ki te oranga | Pathways to wellbeing

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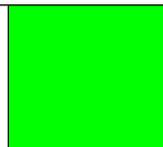
Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate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

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

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



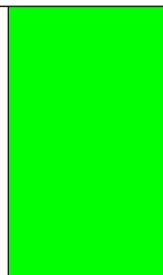
Subsections applicable to this service fully attained.

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

An approved fire and emergency evacuation plan is in place.

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

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



Subsections applicable to this service fully attained.

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

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

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. An infection outbreak of COVID-19 in December 2022 was managed according to Manatū Hauora (Ministry of Health) guidelines.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Restraint education/training is included at orientation and then annually, competencies are assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	1	0	0
Criteria	0	48	0	0	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare Pinesong (Pinesong) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. There were no residents who identified as Māori in the facility during the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and</p>	FA	<p>A Pacific people’s health plan, and policy and procedure around culturally safe care and diversity and inclusion has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care is utilised for Pasifika residents. There were no residents who identified as Pasifika in the facility during the audit.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The senior registered nurse (SRN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policies apply to all staff, contractors, visitors, and residents.</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</p>	<p>FA</p>	<p>Signed admission agreements were evident in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation, service plans were signed by residents who are competent and able to consent, and a medical decision was made by the</p>

<p>provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>general practitioner (GP) for residents who were unable to provide consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>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.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for six complaints received in the last 12 months showed that the complaints had been addressed in a timely manner. Except for one complaint received on 29 September 2023 and still in process, 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 has been one complaint, received on 26 September 2023 from the Health and Disability Commissioner (HDC), following a coroner's enquiry. The HDC has requested information to be received prior to 7 November 2023. The service is currently compiling the information required. 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</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on</p>

<p>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>improving outcomes for Māori, Pasifika, and tāngata whaikaha. Metlifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Pinesong utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Metlifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Metlifecare reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan at Pinesong supports the goals for the service, and cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Pinesong. Internal data collection (e.g., adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is given to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service. The nurse manager at Pinesong confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service holds contracts with Te Whatu Ora Waitematā for rest home and hospital care, and for short-term care (respite). Two residents were receiving rest home level care and six hospital level care at the time of audit. There were no residents receiving respite care.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The nurse manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner.</p> <p>The nurse manager understood and has complied with essential notification reporting requirements. There have been 13 section 31 notifications completed in the last 12 months, these related to the aforementioned coroner's enquiry (one), following the cyclones in January and February 2023 (two), an unexpected power outage (one), notification that the Pinesong building is earthquake prone (the building can still be occupied and remediation is planned), registered nurse shortage (three), pressure injury (one), and a resident wandering from the premises (four; the resident has since been transferred to dementia level care).</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</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). 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 this. At least one staff member on duty has a current first aid</p>

<p>is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>certificate and there is 24/7 RN coverage at the facility.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waitematā.</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>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of five staff records were reviewed and these evidenced completed induction and orientation.</p> <p>Staff performance is reviewed 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>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so</p>	FA	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner.</p>

<p>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>The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents and whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs. Resident, whānau/EPOA, and GP involvement is encouraged in the plan of care. The finding identified in the area of care planning at the previous audit has been addressed and signed off as completed by Te Whatu Ora Waitemātā.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The previous area requiring improvement around the care planning process and seeking medical attention promptly was addressed. All residents' care plans were updated, and appropriate interventions implemented where there is a change in a person's condition, or progress is different to that expected. Medical attention is sought in a timely manner when there is a notable change in a person's condition. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The senior registered nurse (SRN) reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and whānau/EPOA are included and informed of</p>
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		<p>all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The whānau/EPOA and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine refrigerator and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medications and there is a self-administration policy in place if required. There were no standing orders in use.</p> <p>An improvement is required to ensure all second checkers have current medication competencies (refer criterion 3.4.3).</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked onsite. There was an approved food control plan which expires on 3 December 2023.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>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</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. The building has a warrant of fitness which expires on 1 May 2024; this was a finding at the previous audit and has been closed off by Te Whatu Ora Waitematā. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>

<p>people's sense of belonging, independence, interaction, and function.</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 service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme for January to December 2023 was in place. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing PPE and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other</p>

		<p>Metlifecare facilities and externally with similar organisations.</p> <p>There was a COVID-19 infection outbreak reported in December 2022 since the previous audit. That was managed in accordance with the pandemic plan with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Metlifecare is committed to a restraint-free environment in all its facilities. Restraint has never been used at Pinesong. Restraint processes are documented in policy and procedure to guide restraint should this be required in the future.</p> <p>There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds and sensor mats). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>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).</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 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>	<p>PA</p> <p>Moderate</p>	<p>The policy requires staff who are involved in medication administration to be assessed as competent to do so. Medication competencies were current for registered nurses but three out of 10 second checkers (caregivers) had no current medication competencies completed in the last 12 months. This included care staff who work and cover night shifts.</p>	<p>Three out of 10 medication competencies for second checkers (caregivers) were not completed in the last 12 months.</p>	<p>Ensure staff who are involved in medication administration are assessed as competent.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.