

Metlifecare Retirement Villages Limited - Metlifecare Coastal Villas

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Metlifecare Coastal Villas
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 March 2024 End date: 5 March 2024
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:	29

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 tātou 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 Coastal Villas provides rest home and hospital services for up to 35 residents. There have been no significant changes to the service or facilities since the previous audit.

This surveillance audit process included review of relevant policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff, and a general practitioner.

One area requiring improvement, identified at the last audit related to the delivery of the education plan, has been addressed. No areas requiring improvement were identified during this audit.

Ō tātou 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 Coastal Villas provides an environment that supports 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,

Pasifika, and other ethnicities. Metlifecare Coastal Villas worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Systems were in place to ensure Māori would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

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, they received 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 whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints were 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.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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 groups, 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 Coastal Villas.

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 leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter Metlifecare Coastal Villas a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

Metlifecare Coastal Villas works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

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

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

There have been no changes to the building or evacuation planning since the previous audit

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

Includes five 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.
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Metlifecare Coastal Villas governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

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

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

The infection control coordinator, who is a registered nurse, is involved in procurement processes, any facility 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 pandemic/infectious diseases response plan.

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

Here taratahi | Restraint and seclusion

Includes four 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 who is a registered nurse manages the process. Staff have received education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 Coastal Villas (Coastal Villas) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its documented values. A Māori health plan using the Whare Tapa Whā care model has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were Māori residents in the facility during the audit, but the residents chose not to utilise the Whare Tapa Whā model for their care planning needs. Mana motuhake (self-determination) is respected for all residents, and this was confirmed through interviews with residents and their whānau.</p> <p>The service has links for Māori health support through Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora Capital, Coast and Hutt Valley), and other tāngata and (local) mana whenua organisations and can access kaumātua as required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Coastal Villas identifies and works in partnership with Pacific communities. There is a Pacific health plan to address appropriate care and equity for Pacific peoples and to support culturally safe practices. Interview with the organisation’s managers and governance representative confirmed that</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>they are aware of their responsibility to support equity for Pacific peoples. There were residents of Pasifika descent receiving care at the time of audit. The facility utilises either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. Pasifika residents interviewed felt their worldview, cultural and spiritual beliefs were embraced. There is support for Pasifika residents through local Pasifika organisations.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and on display at Waiapu in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Staff interviewed at Metlifecare Coastal Villas understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on the Code was undertaken in 2023. Residents identifying as Māori confirmed that mana motuhake was recognised and respected. An independent advocate visits Metlifecare Coastal Villas monthly to meet with residents. Metlifecare Coastal Villas had a range of cultural diversity in their staff mix, and staff could assist if interpreter assistance was required. The service also had access to external interpreter services and cultural advisors/advocates, as required.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported feeling safe and that their property was respected. Professional boundaries are maintained.</p>

<p>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>		<p>Residents and whānau stated that staff were professional. This was evident at audit observing interactions between staff and residents and whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent are documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</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 and that the complainants had been informed of the outcome of their complaint.</p> <p>There have been no complaints received from Māori; however, 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 anonymous complaint received via Te Whatu Ora Capital, Coast and Hutt Valley since the previous audit. This has been investigated and addressed to the extent possible due to the anonymity of the complainant. Te Whatu Ora Capital, Coast and Hutt Valley has confirmed satisfaction with the process undertaken by Coastal Villas and has closed the complaint.</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 through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on 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 strategic and business documents, and into policy and procedure.</p> <p>Metlifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals and this is in use at Coastal Villas. The plan supports 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 supports the goals for Coastal Villas services, and cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected and analysed 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 Coastal Villas. 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 provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</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</p>

		<p>and equipment (e.g., information in other languages for the Code of Rights, infection prevention and control, and equipment to support mobility). Coastal Villas utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service. The nurse manager (NM) at Coastal Villas 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 Capital, Coast and Hutt Valley for the provision of age-related residential rest home and hospital care and short-term residential care. Coastal Villas also provides care under an ACC (Accident Compensation Corporation) contract. While the service is certified for 35 beds, five of the certified beds which were being used as serviced apartments are not currently in use. Twenty-nine (29) residents were receiving services at the time of audit, eight receiving rest home services and 21 hospital level services (including one under an ACC contract).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of adverse events/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 were developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity was occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The NM and assistant clinical manager (ACM) interviewed understood the processes for the identification, documentation, monitoring, review, and</p>

		<p>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 NM and ACM understood and have complied with essential notification reporting requirements. There has been one section 31 notification completed in the last 12 months related to a pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>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. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Care staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed reported that staff respond quickly to requests for service (e.g., call bells). At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in 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. A corrective action raised from the previous audit (criterion 2.3.4) related to the delivery of the continuing education programme has been addressed and is now closed.</p> <p>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 Capital, Coast and Hutt Valley.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses (RNs) and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>Ten staff records were reviewed. A sample of five staff records of staff recently employed evidenced completed induction and orientation. Staff reported that the induction and orientation programme prepared them for their role and that there was support available to them to address any gaps in their knowledge following the orientation process. Caregiving staff orientation aligns with the level two New Zealand Qualification Authority (NZQA) health and wellbeing qualification.</p> <p>Staff performance was reviewed and discussed at regular intervals; this was confirmed through review of documentation in five further staff records and confirmed through 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 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>Seven resident (rest home and hospital level) files were reviewed. File reviewed included residents who had experienced recent falls, a resident who had recently transferred to the facility, a resident requiring wound management, residents with chronic health conditions and a resident requiring management of behaviours that potentially could challenge staff. At the time of audit, there were no residents who identified as Māori.</p> <p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-</p>

		<p>term care plan, InterRAI and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with a general practitioner (GP) and from observations made on the day of the audit.</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 to 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>Interviews with five whānau of other residents expressed a high degree of satisfaction with the care provided at Metlifecare Coastal Villas. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care residents require. A telephone interview with the GP expressed satisfaction with the care provided by staff at Coastal Villas. The GP described the RNs as efficient and knowledgeable, and reported that escalation for review if a resident was unwell was being sought as required.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines were stored within the recommended temperature range.</p> <p>Fourteen medication files were reviewed. Prescribing practices met requirements. The required three-monthly GP review was consistently</p>

		<p>recorded on the medicine chart. Standing orders are not used at Coastal Villas. There was evidence of a clear process to identify, record and communicate residents' medicine-related allergies or sensitivities and any responses to adverse events.</p> <p>No residents were self-administering medication at the time of audit. There is a guideline for self-administration of medication so it can be facilitated and managed safely if this is an option for a resident. At interview residents, including Māori and Pasifika residents and their whānau, stated they are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service at Coastal Villas is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The menu is currently out for consultation, with the NM seeking input from residents for the winter menu.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The Food Control Programme audit was completed on 15 February 2024. Findings included five minor nonconformance issues which are currently being addressed by the service.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori, Pasifika, and other cultural groups and their whānau have menu options that are culturally specific to them.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given a well-appointed dining space with sufficient time to eat their meals in an unhurried fashion. Residents requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and</p>

<p>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>whānau. This was evident in the file of the resident reviewed who required transfer to an acute care facility. The RN's regular contact with the resident's whānau was well documented.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file.</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>	FA	<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 14 March 2024. There have been no changes to the building or evacuation planning requirements since the previous audit.</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were being completed for resident areas; these were sighted. Hot water temperatures were fluctuating (to cold rather than hot). This has resulted in the service changing the boiler system since the last audit from gas to electric. Tempering valves have also been installed so that the temperature of the water can be adjusted on a case-by-case basis. This has led to an improvement in the previous fluctuations in the hot water system, with hot water temperature now stable and within accepted guidelines.</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.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to senior management and the clinical governance group. The IPCC is an RN with appropriate skills, knowledge, and qualifications for the role; they confirmed access to the necessary resources and support required for their role. Their advice and/or the advice of the infection prevention and control (IPC) committee has been sought when</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>making decisions around procurement relevant to care delivery, the built environment, and policies.</p> <p>The Coastal Villas IPC plan was last reviewed in January 2024. It reflected the requirements of the standard and is based on current accepted good practice. The IP programme is linked to the quality improvement programme. Cultural advice is accessed where appropriate. Staff were familiar with the plan and related policies through education during orientation and ongoing education and were observed to follow these correctly. The annual plan identified that residents and their whānau are educated about infection prevention in a manner that meets their needs.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 IPC programme. Monthly surveillance data is collated and analysed by the IPCC to identify any trends, possible causative factors, required actions and ethnicity data. Results of the surveillance programme are shared with the regional Metlifecare IP group, corporate office, Metlifecare Coastal Villas care staff, residents and whānau.</p> <p>Following a Covid-19 outbreak in June 2023, Metlifecare Coastal Villas demonstrated a thorough process for investigation and follow-up in a completed summary report. Learnings from the event have been incorporated into future planning and practice.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Metlifecare is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. Coastal Villas has been restraint-free since 2017. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., intentional 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 2023-2024</p>

		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). Staff training is consistent with a culture of continuous learning.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.