

ANZEN Limited - Wilson Carlile Village

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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:	ANZEN Limited
Premises audited:	Wilson Carlile Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 April 2024 End date: 3 April 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:	54

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Metlifecare Wilson Carlile provides hospital (geriatric and medical), and rest home level of care for up to 59 residents. At the time of the audit there were 54 residents.

The provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora - Waikato. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, nurse practitioner, management, and the prospective buyer.

An experienced village and care manager oversees the day-to-day operations of the facility. They are supported by senior registered nurses. There have been no changes to senior staffing since the last audit. There are quality systems and processes

being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The prospective owner has owned an aged care facility in Hamilton for the past five years and is very involved with the business. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owner stated that their organisation's quality management system, and policies and procedures will be transitioned to Wilson Carlile from takeover date. There will be no changes to the existing management, staff, rosters, or the environment. The proposed take-over date is to be 31 May 2024.

This provisional audit identified an area for improvement related to the environment.

Ō tātou motika | Our rights

Wilson Carlile provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Metlifecare has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The village and care manager is supported by the regional clinical manager, and a team of senior registered nurses, and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Wilson Carlile has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Wilson Carlile collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner or nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is provided by a diversional therapist and activities assistant who provide a programme with a variety of individual, group activities and maintains resident links with the community. Activities are adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided.

Discharge, or transfer is managed in a planned and coordinated manner.

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

The building holds a current building warrant of fitness certificate. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal. Residents' bedrooms are all single occupancy. Toilets have privacy locks. Resident rooms are personalised. The outdoor areas provide seating and shade. Systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is adequate civil defence supplies in the event of an emergency.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff

as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been three outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Metlifecare has a documented commitment to eliminate restraint in all their facilities. Restraint policies and procedures are in place. Restraint is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Restraint is an agenda item at quality, staff, and clinical meetings.

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	26	0	1	0	0	0
Criteria	0	167	0	1	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>	<p>FA</p>	<p>A Metlifecare Māori Health Plan 2022-2024 is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Nursing Council of New Zealand – Guidelines for Cultural Safety, Treaty of Waitangi, and Māori Health in Nursing Education and Practice Plan forms the foundation of the document. The service currently has residents who identify as Māori. Wilson Carlile is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>The village and care manager (VCM) confirmed that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. At the time of the audit, there were Māori staff, who confirmed they were supported when they applied to join the service and receive ongoing support for learning opportunities and career development. The Māori health plan documents the commitment of Wilson Carlile to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The VCM described how at a local level, they have progressed to establishing relationships with the Māori community and kaupapa Māori services at Health New Zealand Te</p>

		<p>Whatu Ora – Waikato.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Nine staff members interviewed (three registered nurses (RN), three caregivers, kitchen manager, maintenance, and one diversional therapist) described how they provide equitable services to Māori.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Metlifecare has policies on Māori and Pacific Peoples’ Health which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Metlifecare Pasifika Health relates to Pacific residents and aims to uphold their cultural principles. There are staff that identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff. Staff have been introduced to the Fonofale model.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. Resident’s whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The VCM interviewed stated Pacific peoples’ cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>The Metlifecare Pasifika Health Policy is based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 and reflects the values that Pacific People hold as important for health and wellbeing. Pacific services information is available through Health New Zealand – Waikato cultural liaison, and the community links of their Pasifika staff. The Code of Rights is displayed in a range of Pacific languages, in addition to English and te reo Māori. The VCM described how Wilson Carlile increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff, two managers (Village and Care Manager, and Regional Clinical Manager) and documentation reviewed identified that</p>

		the service provides person-centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility by involving residents in care planning. Care plans evidence resident focussed goals, with interventions to support residents to make choices around all aspects of their lives.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The VCM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly residents' meetings. Seven residents (four hospital, three rest home), and four family/whānau (hospital level) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the Spirituality policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The prospective owners know and understand the Code and their responsibilities as a provider of health and disability services, as evidenced through interview.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Wilson Carlile annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple in the facility, who confirmed their privacy is respected. The care plans had documented interventions for staff to follow to support and respect their time together. At the time of the audit, there were no shared rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</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</p>	<p>FA</p>	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Waitangi to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. A discrimination, coercion, harassment, and financial exploitation policy is being implemented. There are educational resources available on the electronic education system.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The managers confirmed that the service's philosophy of 'resident directed care' is a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>
<p>Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic</p>

<p>wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. There were no residents that could not speak English. Caregivers interviewed could explain how they communicate with language cards, google translate and the help of family/whānau if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand- Waikato specialist services (eg, physiotherapist, district nurse, hospice, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The VCM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through regular emails, regular monthly newsletters, and resident and family/whānau meetings. Staff have completed annual education related to communication with residents with speech impediments and cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on</p>

<p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>admission. Eight electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and understanding responsibilities of EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori plan is available to guide on cultural responsiveness to Māori perspective of health.</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</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The VCM maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. Documentation including follow-up letters and resolution</p>

<p>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>		<p>demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating. There were three complaints logged since the last audit. There have been no external complaints.</p> <p>The complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. The three complaints were closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Family/whānau confirm during interview, the VCM is available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The VCM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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</p>	<p>FA</p>	<p>Wilson Carlile is part of Metlifecare and is located in Hamilton East, and provides hospital, and rest home level of care for up to 59 residents. There are 29 dedicated rest home beds, and 30 dual purpose beds (confirmed on the day of the audit). All rooms are designed for single occupancy. There were 54 residents at the time of the audit: 29 rest home residents, including one respite; and 25 hospital, including one respite, and one on a palliative care contract. All residents apart from the respite and palliative care contract, were on the aged residential care contract (ARRC).</p> <p>Wilson Carlile has a business plan (2023-2024) in place, which links to</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>the organisation’s vision, mission, values, and strategic direction. There are clear business goals documented and reviewed at regular intervals (at least quarterly).</p> <p>There is a Board of Directors. Metlifecare has a well-established organisational structure, including for clinical governance that is appropriate to the size and complexity of the organisation. The governing body has a cultural advisor to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have had access to cultural and te reo Māori training and also had opportunities to upskill in Te Tiriti via other community roles and employment. Board commitment to Te Tiriti is documented as an agenda item in Board papers and regularly reviewed and approved by their Māori representative. The Māori health plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The executive team oversees the implementation of the business strategy and the day-to-day management of the Metlifecare business. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters, and occupancy. The VCM oversees the implementation of the quality plan. The VCM provides regular reporting to the RCM, which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The working practices at Wilson Carlile are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community, to improve health outcomes for Māori and tāngata whaikaha, as evidenced through documentation review and interviews. Tāngata whaikaha have meaningful representation through monthly resident meetings, complaints management system and annual satisfaction surveys. The management team reviews the results and provides feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The VCM (registered nurse) has been at Wilson Carlile since December 2022. They have a post graduate diploma in infection control, an auditing qualification, and have recently completed Metlifecare leadership training. The VCM is supported by experienced</p>
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		<p>registered nurses and care team. The VCM is directly supported by a regional clinical manager (RCM), a national infection control lead, and national clinical care committee. The VCM has completed in excess of eight hours of professional development in the last 12 months related to managing an aged care facility.</p> <p>The prospective buyer has a non-clinical background; however, they have owned and run a 30-bed dementia unit since 2019. The prospective owner provides management oversight, and will utilise the clinically qualified managers of both sites to provide input related to clinical governance. A transition plan is documented, and an interview with the prospective buyer confirmed their understanding of aged care, and of contractual requirements related to the different service levels.</p> <p>The prospective buyer interviewed confirmed there is an established organisational structure, including financial management and there will be no changes to key personnel at site level; and RN full time equivalent and caregivers will remain unchanged. The current VCM will have overall responsibility of the day-to-day operations and clinical management; the proposed settlement date is 31 May 2024. The proposed funder Health New Zealand - Waikato has been informed.</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>Wilson Carlile is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings. Quality goals include the reduction of falls.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. Meetings taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Critical analysis of organisational practices, benchmarking and data collection occur to ensure health equity analysis.</p>

	<p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Metlifecare has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed regularly, and any new policies or changes to a policy are communicated to staff.</p> <p>The management team have an open and transparent decision management process that includes regular staff meetings, newsletters, and residents' meetings. The resident and family/whānau satisfaction survey has been completed in March 2023. High levels of satisfaction were indicated in most areas of service delivery, with corrective action plans put in place regarding laundry services and the phone service.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meets monthly. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular national health and safety meetings. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each resident incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Opportunities to minimise future risks are identified by the VCM in consultation with the staff. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care provider groups. Results are discussed in the staff meetings. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the VCM and RCM evidenced awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There have been no incidents requiring a Section 31 notification to be completed since the last audit. There have been three outbreaks recorded since the last audit, which were appropriately reported and managed.</p> <p>The prospective provider has an established quality and risk management programme that they plan to implement at Wilson Carlile. It is anticipated this will have minimal impact on Wilson Carlile, as the facility will continue using the same electronic resident management system. There is a three-month transition plan for the implementation of the prospective buyer's own organisational policies, including meeting schedule and internal audit schedule, to ensure continuity of the quality and risk management programme. Current GP/NP, physiotherapist and pharmacy contracts will remain. There are no legislative compliance issues that could affect the service.</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 staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the VCM is absent, a senior nurse carries out all the required duties under delegated authority. The VCM is on site Monday to Friday. The VCM and registered nurses provide on call after hours. There is 24/7 registered nurse cover on site, and the number of caregivers are sufficient to meet the roster needs. Absences can be covered by staff working extra hours or an Metlifecare regional casual pool staff. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>There is a separate team of housekeepers and kitchen staff to perform non-clinical duties.</p> <p>Metlifecare has a comprehensive annual training programme that includes online training, clinical and non-clinical staff study days that</p>

	<p>cover mandatory topics, which has been completed for 2023 and is being implemented for 2024.</p> <p>The training schedule for RNs includes: wound management; dementia related training; palliative care; diabetes management; falls prevention; infection control; RN preceptorship; antimicrobial usage; and assessment of the deteriorating adult.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff complete mandatory cultural awareness training and a comprehension quiz via the electronic learning platform. This training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, hand hygiene, and correct use of personal protective equipment (PPE, cultural safety and moving and handling). A record of completion is maintained. Additional RN specific competencies include syringe driver, and interRAI assessment competency. Five of seven RNs are interRAI trained.</p> <p>There are 27 caregivers employed across the service. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing.</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback in an annual staff survey.</p> <p>The prospective buyer interviewed confirmed to have a policy regarding staff skill mix meeting contractual obligations and rostering around the acuity of residents. The prospective buyer confirms that the current plan for service management (including on call) will remain and that the staff will remain the same with no changes to the</p>
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		management. The prospective buyer is versed with their responsibilities in respect of the requirements of E4.5f ARRC.
<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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held secure. Eight staff files reviewed (three caregivers, one RN, one diversional therapist, one chef, one housekeeper, and one administrator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, nurse practitioner, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented. All staff that had been in employment for more than 12 months, had an annual appraisal completed, and a three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. There is an employee assistance programme implemented across all Metlifecare sites which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly

<p>and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Other paper documents can be scanned and uploaded in the electronic system for reference. Organisation related documents that are not in use are securely destroyed. The VCM is the privacy officer and has to approve request for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>On enquiry, an information pack detailing entry criteria is provided to prospective residents and their family/whānau.</p> <p>The service has a process in place if access is declined, should this occur. The resident would be declined entry if not within the scope of the service or if a bed were not available. When residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are offered and the reason for decline is documented.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission procedure requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and the referring agency. Interviews with residents and family/whānau and a review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is being collected and analysed by the service. The village and care manager described having access to Māori services through relationships with local maraes.</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>Eight electronic resident files were reviewed: four rest home level, including one resident on respite care; and four hospital level care residents, including one resident on a palliative care contract. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes (including the resident on respite care). All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents.</p> <p>A suite of risk assessments is available on the electronic system. They are completed in detail to inform the care plan for residents who do not require to have an interRAI assessment (respite and palliative care). The assessments include (but not limited to) those related to falls; skin; mood; pressure risk; nutrition; continence; communication; rest and sleep activities; mobility; and pain. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments were reflected into care plans.</p> <p>The care plans identify resident focussed goals, recognise Te Whare Tapa Whā, Fonofale, Te Vaka and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks, and initial interventions reflective of interRAI assessments describe in detail all support required to address assessed needs. Te Ara Whakapiri principles are used in end-of-life care.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these</p>

	<p>are documented.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP/NP reviews the residents at least three-monthly or earlier if required. The contracted GP/NP services visits three times a week and more if required. There are appropriate arrangements in place for after-hours support. The NP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The NP also stated they felt the clinical team was competent and aware of the residents' needs. The GP/NP has remote access to the medication charts.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and an organisational dietitian, speech language therapist, hospice nurse and wound care nurse specialist is available as required through Health New Zealand - Waikato. The physiotherapist visits the facility for two hours a week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers complete task lists and complete progress notes on every shift. When changes occur with the residents' health, these are reflected in the electronic progress notes to provide an evolving picture of the resident' journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home level care residents. There is regular documented input from the GP/NP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review with the GP/NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>There were 16 wounds across the service, including one stage II pressure injury, chronic ulcers, surgical wound and skin tears. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound</p>
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		<p>register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management in 2023.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is access to a continence specialist when required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood sugar levels; and toileting regime. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six-monthly care conferences (multidisciplinary meeting [MDT]) and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care conferences when care plans are reviewed.</p> <p>Short-term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan and closed off when resolved or transferred to the long-term care plan if ongoing.</p> <p>The prospective provider will use the same resident management system.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a team, comprising of a diversional therapist (DT) who works Monday to Friday (28 hours per week), two activities assistants (one is casual) and five volunteers. All volunteers are inducted to the service. The activities</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>team work together to support the hospital and rest home residents on the days they are both on duty. Activities are provided over six days, and every fortnight activities are provided to include a Sunday. Caregivers have access resources to assist with activities after hours and other weekends. The weekly activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards.</p> <p>The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Individual activity assessments and plans identify individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Each resident has a booklet, which is in English and te reo Māori, and identifies residents' needs based on Te Whare Tapa Whā model. The residents' activity needs are reviewed six-monthly at the same time as the care plans and contribute to the formal six-monthly multidisciplinary review process.</p> <p>Specific requests including the desired use for tradition healing practices, herbal remedies, spiritual beliefs, and homeopathic practices are documented in the resident's booklet and incorporated into the care provided. Opportunities for Māori and whanau to participate in te ao Māori are facilitated. The residents have formed a kaumātua group that meets fortnightly. This group focuses on enabling Māori. They go out to maraes, do kapa haka and join in in kapa haka concerts. A traditional Māori healer visits regularly and teaches the residents how to make a kawakawa pani (kawakawa ointment).</p> <p>For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. There are outings such as for shopping, coffee and lunch, and scenic drives. There is a chapel on site and church services are held regularly.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular</p>
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		resident meetings are held monthly.
<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 identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required documented three-monthly reviews by the GP or NP provide evidence of assessment to reduce polypharmacy where indicated. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the registered nurse on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication, demonstrated knowledge and at interview, demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The medication administration process complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and review documentation made regarding effectiveness on the electronic medication management system, as evidenced in progress notes. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding their medications occurs on a one-to-one basis by the registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>At the time of the audit, there were no residents self-administering medication. There is a documented policy that guides the process when residents are assessed as competent to self-administer medications. There are no vaccines stored on site, and no standing</p>

		<p>orders are used.</p> <p>The medication policy describes the consideration of over-the-counter medications and supplements when prescribing occurs and access to traditional Māori remedies are facilitated when required. Interview with the registered nurses confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP/NP, following discussion with the resident and/or their family/whānau.</p> <p>The prospective provider interviewed confirmed the current medication system will change to another electronic medication management platform. The same pharmacy will continue to provide services. The current GP/NPs are familiar with the new electronic management system.</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>Food is prepared and cooked on site. The kitchen manager is a qualified chef and works full time Monday to Friday and is supported by a weekend cook and a team of kitchen hands.</p> <p>A nutritional assessment for each resident is undertaken by the registered nurses on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents who identify as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Meals are served directly to the hospital level residents in the adjacent dining room. Food is transported in bain-maries to each wing in the rest home and plated and served by the caregivers. Plates are covered with an insulated lid to keep meals warm.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance</p>

		<p>was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. There is a current food control plan. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit, comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is monitored. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview, the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori and Pasifika. Snacks are available all day and special utensils are available to use.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. The satisfaction survey evidence satisfaction related to the food services.</p> <p>The prospective provider stated the service provision related to the kitchen and menu planning will remain. A contracted dietitian will review the new menu in the future.</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</p>	<p>FA</p>	<p>There is a documented policy that guides discharges and transfers between services. Discharges, or transfers are managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services,</p>

<p>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>including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided to ensure a smooth transfer process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness, which expires on 1 December 2024. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance person responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic platform and followed up in a timely manner. There is an annual maintenance plan that includes electrical test and tag of equipment, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures and appropriate pest control management. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids, including a mobility scooter parking/charging bay. The external area is well maintained. Residents have access to safely designed external areas that have seating and shade. Staff stated they had sufficient equipment to safely deliver the cares, as outlined in the resident care plans. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. All resident rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids, including those required by hospital level care residents in the dual-purpose and hospital level rooms. Residents are encouraged to personalise their bedrooms. There are an adequate number of toilets</p>

		<p>and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Vacant/in use identifiers are on all doors.</p> <p>Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. The communal areas include the recreational room (for activities), main lounge in the hospital, and several smaller alcoves and separate dining areas in each of the rest home wings and the hospital unit. These areas are easily and safely accessible for residents. Any future refurbishment plans will be discussed with Māori representatives in order to ensure their aspirations and identity are included. General living, communal areas and all resident rooms are appropriately heated and ventilated by heat pumps/air conditioners and panel heaters in the resident rooms. All rooms have external windows that open, allowing plenty of natural sunlight. The temperature was a good ambient temperature on the day of the audit. All corridors have safety rails that promote safe mobility. Corridors are spacious and residents were observed moving freely around the areas with mobility aids where required. All outdoor areas are well maintained, seating and shade is available and are accessible and safe for residents' use. However, there was two areas identified around the recreation room that deemed to be hazardous.</p> <p>The prospective provider has no immediate future plans for major refurbishment, construction or installation.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster. A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service on 9 October 2007. A fire evacuation drill was completed in the last six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff received the appropriate training at orientation and annually to</p>

		<p>effectively respond to identified emergency and security situations.</p> <p>Civil defence supplies (sighted) are stored centrally and checked at regular intervals. There is back-up emergency lighting available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day for a minimum of three days. A BBQ and gas cooktops in the kitchen are available for alternate cooking supplies. A minimum of one staff member trained in first aid is available 24/7. There are call bells in the residents' rooms and ensuite, communal toilets, shower rooms and lounge/dining room areas. Sensor mats are used for fall prevention management. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>Staff are easily identifiable and there is a sign in process to identify visitors and contractors. The building is secure after hours and staff complete security checks at night. A security company provides support.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Wilson Carlile business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Metlifecare's head office, Public Health, and Health New Zealand - Waikato. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at clinical, quality, and staff meetings. The data is also benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP/NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Metlifecare Board.</p> <p>The infection control programme, its content and detail, is appropriate</p>

		<p>for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the national infection control coordinator, in consultation with the infection control coordinators.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare head office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Waikato. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed training with Health New Zealand- Waikato, and online training through Metlifecare, and the World Health Organisation. The service has access to a national infection prevention lead through Metlifecare's head office.</p> <p>The infection control coordinator (registered nurse) was interviewed, described the pandemic plan, and confirmed the implementation of the plan proves to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions</p>

		<p>and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator and clinical team, works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. There are no plans to extend or alter the building; however, the infection control coordinator would have input into the process if this occurred.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the infection control and staff meetings. Significant events are reported to the Metlifecare executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Wilson Carlile infection control</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>manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at infection control and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand - Waikato for any community concerns. There have been three outbreaks (Covid-19) since the last audit which were all well managed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered off site. Linen is three times per week. There is a laundry assistant on duty on these days, and there are defined dirty and clean areas for pickup and drop off. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on</p>

		<p>covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</p> <p>The prospective purchaser has an agreement to continue using Metlifecare's central laundry for a three-month period after purchase, at which point they will evaluate the laundry provision.</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 for its facilities and Wilson Carlile is restraint free. Restraint has not been used in the facility since April 2022. The village and care manager is the restraint coordinator and described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment and therefore, upholding the dignity of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role and provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the 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 restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The VCM and the multidisciplinary team would be responsible for the approval of the use of restraints, should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making</p>

		<p>process.</p> <p>Restraint is an agenda item of quality meetings. The outcomes of the discussions are reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>The prospective provider interviewed confirmed a commitment to a restraint-free environment and understand their responsibilities in respect of restraint minimisation and safe practice.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Rooms are all single occupancy. Staff reported sufficient space are available in the rooms to provide care. Carpets and flooring in rooms, in showers and toilets are appropriate for easy cleaning. Corridors are wide with handrails to promote independence. There are sufficient number of toilets. Door entries have level entry, except the one door leading from the outdoors to the recreation area. The outdoors are well maintained with seating and shade. There is one area in the cobblestone pavement that is a trip hazard.</p>	<p>(i). There is a lip from the recreational room (main activities lounge) to the outdoors that is a trip hazard.</p> <p>(ii). There is an indent in the cobble stone pavement in an area that provides outdoor seating for residents and also a high traffic area from the service corridor (including scooters).</p>	<p>(i)-(ii). Ensure the physical environment internal and external is safe and promote safe mobility.</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 audit.

No data to display

End of the report.