

Metlifecare Retirement Villages Limited - Metlifecare The Avenues Ltd

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Metlifecare The Avenues Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 July 2024 End date: 11 July 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:	25



Executive summary of the audit




Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Metlifecare The Avenues provides rest home and hospital level services for up to 30 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, and a nurse practitioner. The facility is managed by an experienced nurse manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

No areas requiring improvement were identified at this audit.

Ō tātou motika | Our rights


Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Metlifecare The Avenues works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

People receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities).

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifying trends to make improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The facility adopts a person-centred and whānau-centred approach to residents' care. The staff focus on residents' needs and goals and encourage input from whānau. Relevant information was provided to the potential resident and their whānau. If the facility is unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.

The service worked in partnership with the residents and their whānau to assess and evaluate care. Files reviewed demonstrated that care was evaluated on a regular and timely basis. Documentation was comprehensive and consistent.

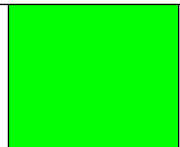
Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their ages and stages of life.

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

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

Residents were transitioned or transferred to other health services as required.

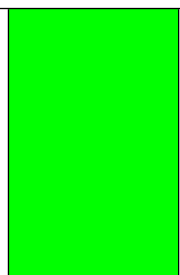
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements and these are displayed throughout the facility. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The Metlifecare clinical governance team and the senior care team at Metlifecare. The Avenues ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and was engaged in procurement processes.


A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Metlifecare The Avenues had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed.

Safe and effective cleaning and laundry services were outsourced to independent contractors.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should this be required. Staff demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Metlifecare The Avenues (The Avenues) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Mana motuhake (self-determination) is respected.</p> <p>The service works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Processes were in place to ensure that Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Interview with the organisation’s managers and governance representative confirmed that they are aware of their responsibility to support equity for Māori and utilise the Health Equity Assessment Tool (HEAT) when there are Māori in the service.</p> <p>The service has links to local iwi to benefit Māori and their whānau via tāngata whenua organisations including Ngāti Ranginui (Tauranga), Ngāti Rangitihī (Te Arawa), Ngāti Awa (Kawarau), Ngāterangi (Makatana Island) and Ngāi Tai (Hauraki), and access to general support through Te Whatu Ora – Health New Zealand, Te Korowhai Atawhai (Māori mental health services), and Ngā Kaitiaki o Te Puna Rongoā (Māori Pharmacy Association). There were no residents</p>

		<p>identifying as Māori in the service during the audit.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. The plan documents a culturally appropriate model of care to guide culturally safe services for Māori. Residents are involved in providing input into their care planning, activities and dietary needs. Care plans included the physical, spiritual, whānau and psychological health of the residents. An iwi referral form is available for staff to use to refer Māori residents to appropriate supports.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Metlifecare supports increasing Māori capacity in the service by employing Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and national level. There were staff who identified as Māori employed by the service at the time of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and 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 identifies and works in partnership with Pacific communities at facility, executive and board level. There is a Pacific health plan in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no residents of Pasifika descent receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has Pasifika-specific plans for managing care so that their needs can be adequately met. There are two models available in use at the facility, the Fonafale model and the Te Vaka Atafaga model. Residents and their whānau can choose the model that most represents the care they wish to receive. There is support for Pasifika residents via staff who identify with different Pacific peoples, and through local Pasifika support services.</p> <p>Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. They utilise the Health Equity Assessment Tool when there are Pasifika in the service. The board has access to expertise pertaining to Pasifika to inform their planning and</p>

		<p>equity initiative.</p> <p>The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff who identify as Pasifika in the organisation, some of whom are in leadership and/or training positions.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand Sign Language (NZSL) on posters around the facility. Brochures on the Code were available in both English and te reo Māori at reception, along with brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service). Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and the availability of the Advocacy Service and were seen supporting residents of The Avenues in accordance with their wishes. Interviews with several whānau, who visited regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>There were staff employed at The Avenues who identified as Māori. They assisted the facility's operations to ensure more equitable services for Māori were provided. Staff recognise mana motuhake.</p> <p>In-house training on the Code of Rights last occurred in June 2024, with 23 staff attending.</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>	FA	<p>The Avenues supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. All staff working at The Avenues were educated in Te Tiriti o Waitangi and cultural safety.</p>

		<p>Karakia has been introduced, and signage in te reo Māori was located around the facility. Tikanga Māori is actively promoted throughout The Avenues and incorporated through their activities.</p> <p>Health care and support workers received Te Tiriti o Waitangi training and this is reflected in day-to-day service delivery. The Avenues is prepared to respond to tāngata whaikaha needs and enable their participation in te ao Māori. Te Tiriti o Waitangi training was attended by 26 staff in 2024.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place, with all residents having a 'Shared Goals of Care' completed on admission, along with the 'Know me, don't change me - My Life Story', which captured the resident voice developed in conjunction with the activities programme. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room with ensuite.</p> <p>The Avenues responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion included training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at The Avenues included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Professional boundaries were maintained.</p>

		<p>The residents' property is respected, and their finances are protected. Whānau are encouraged to take valuables home; expensive personal property has been retained in a locked cupboard at the request of whānau, with appropriate documentation in place, and there is a locked drawer in every resident room. Expenses are charged on account only for all residents.</p> <p>Resident tracers and review of care planning and progress notes did not reveal any incidents of abuse; this was confirmed at resident and whānau interviews. Resident satisfaction surveys were very positive.</p> <p>A holistic model of health at The Avenues was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. All five residents and five whānau interviewed expressed satisfaction with the services provided at The Avenues.</p> <p>The Avenues prioritises a strengths-based and holistic model, ensuring wellbeing outcomes for Māori. A Māori Health Plan 2023-2025 is available. Māori values and beliefs are part of the mandatory training programme.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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>FA</p>	<p>Residents and their whānau at The Avenues reported that communication was open and effective, and they felt listened to. The Avenues responded appropriately to addressing tāngata whaikaha personal needs. Residents with hearing deficits had these responded to through the use of a whiteboard to help staff to communicate with them effectively. Sight-impaired residents had been enrolled with Blind Low Vision NZ and the facility used prompts to support staff and the residents e.g. through the use of 'visually impaired' badges and activities information on A3-sized paper. No additional communication tools are currently required.</p> <p>Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into documentation and on signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at The Avenues were held regularly, in addition to regular contacts with whānau by text, email, telephone, and the 'open door' policy of the nurse manager (NM).</p>

		<p>Notification on the notice boards and the activity calendar advised residents and whānau of upcoming entertainment or events.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed. Interviews with the nurse practitioner (NP) and the Taranaki Hospital link clinical nurse specialist confirmed communication was excellent.</p> <p>All residents and their whānau had access to free Wi-Fi.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The Avenues ensures advance directives are followed (written or oral) wherever possible and follows appropriate best practice tikanga guidelines in relation to consent. All residents have shared goals of care developed on admission and reviewed with any changes in level of care. Tikanga education was available to all staff in 2024.</p> <p>Residents at The Avenues and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. In a review of the documentation around the admission process, all five residents had consented to the collection and sharing of information, outings, photographs, the release of liability for seeking costs for damages resulting from outings, and consents to enable service provisions to be provided. The NM confirmed that 23 of the 25 residents had an EPOA in place as it was company policy. This did not apply to the two residents occupying transitional care beds.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOA was activated if required.</p> <p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and access to a range of supports</p>

		<p>when a resident had a choice of treatment options available to them.</p> <p>Metlifecare has a consumer representative to provide support to The Avenues. They undertake resident meetings, reporting any issues to the NM who responds by email.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Complaints and advocacy information is available in English and te reo Māori.</p> <p>There have been three complaints received in the last 12 months; two were related to care and one to laundry services. Documentation sighted showed that complainants had been addressed appropriately with investigation where required, action was taken where this was warranted, and complainants were informed of the outcome from their complaint.</p> <p>The service assures the process works equitably for Māori by ensuring complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident and their whānau, or the complainant).</p> <p>There have been no complaints received from external sources since the previous audit.</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>	FA	<p>The governing body assumes accountability for delivering a high-quality service. Māori representation at board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a disability policy statement for tāngata whaikaha. Equity for Māori, Pasifika and tāngata whaikaha is enabled through choice and control</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>over their supports and the removal of barriers that prevent access to information. External support for Māori and Pacific peoples is available through the wider Metlifecare organisation, from staff, and from national and local organisations.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified nurse manager (NM), who is a registered nurse (RN), to manage the service with the support of registered nurses (RNs), the Metlifecare regional clinical manager (RCM), and the MLC clinical director, who is part of the executive team. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. The NM interviewed confirmed knowledge of the sector, including regulatory and reporting requirements.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction and goals for the organisation, with monitoring and reviewing of performance at planned intervals. Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into levels of practice for all residents. Metlifecare board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the board showed adequate information to monitor performance is reported.</p> <p>A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends, and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed information to monitor performance is reported. The Avenues management team also evaluates services through meetings with residents and their whānau, and through surveys from residents and whānau, making relevant changes where shortfalls are identified or new ideas elicited.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through the feedback process, care</p>
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		<p>planning, meetings and surveys.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for the provision of age-related residential care (ARRC) services at rest home, hospital, short-term (respite) care, and long-term support - chronic health conditions (LTS-CHC) care. Te Whatu Ora funds and maintains clinical oversight for four transitional care beds at the facility, and the facility also has a contract with the Accident Compensation Corporation (ACC) to provide services. Twenty-five (25) residents were receiving services at the time of audit: 17 were receiving rest home services and six hospital level services (one under an ACC contract). Two of the transitional beds were in use, both at hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the monitoring and/or management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, wounds, medication errors, polypharmacy, and antipsychotic use. Relevant corrective actions are developed and implemented to address any shortfalls, and progress against quality outcomes is evaluated.</p> <p>Staff have input into the quality programme through the RN, care staff, and allied staff quality meetings, health and safety, and infection control meetings. Restraint is covered as part of the staff quality meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon.</p> <p>Policies and procedures are in place to manage any potential inequity in the service. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of practices and systems, using ethnicity data, identifies possible inequities which the service works to address. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>The NM and RCM described the processes for the identification,</p>

		<p>documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The NM understood and has complied with essential notification reporting requirements. There have been two section 31 notifications made to Manatū Hauora in the last 12 months: one related to an unstageable pressure injury and one related to a norovirus outbreak at the facility. The service is aware that, from 1 July 2024, notifiable pressure injuries are to be made to the Health Quality and Safety Commission (HQSC), but no notifications have yet been required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents, but normally staffs to bed capacity. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The employment process, which includes job descriptions defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Descriptions of roles also cover responsibilities and additional functions, such as holding an infection prevention and control, restraint, or cultural (Māori and Pasifika) adviser portfolio.</p> <p>Continuing education is planned on a biannual basis and delivered annually. The education programme is delivered via an electronic education portal and through study days to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training programmes, including cultural</p>

		<p>safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies (medication management, manual handling, hoist training, chemical safety, food handling, the use of personal protective equipment (PPE), emergency management including fire drills) are assessed and support safe and equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, meetings, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are a high number of senior (level four) caregivers in the service (14 from 15 caregivers).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and annually thereafter.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Staff performance is reviewed and discussed at regular intervals. Staff reported having input into their performance appraisals, and this was documented.</p> <p>The service understands its obligations to recruit Māori and Pacific peoples at all levels of the organisation (including in leadership and training roles) dependent on vacancies and applicants. The Avenues</p>

		<p>has both Māori and Pasifika staff employed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events, and this is implemented. Staff interviewed described the NM and RCM as being very supportive. Staff wellbeing policies and processes are in place, and staff reported feeling well supported and safe in the workplace. Staff have access to education to support wellness, wellness days (three per year), birthday leave, health insurance, and independent counselling services.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Residents' files and the information associated with residents and staff are retained in electronic and hard copies. Staff have their own logins and passwords. Backup database systems are held by an external provider. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files were held securely for the required period before being destroyed. Electronic files were securely archived, and paper-based files were archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a NHI number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	<p>FA</p>	<p>Residents were welcomed into The Avenues when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care The Avenues provided and had chosen The Avenues to provide those services.</p>

<p>between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. 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>Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements. The Avenues collects ethnicity data on entry and decline rates. This includes specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to The Avenues, one resident had requested they maintain their own GP to manage their medical needs, and this had been facilitated.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at The Avenues worked in partnership with the residents and their whānau to support the residents' wellbeing. Two tracers were completed, with five residents' files in total reviewed: three hospital files and two rest home files. These files included a resident who had an acute event requiring transfer to an acute facility and a pressure injury on discharge to the facility, a resident at high risk of falls, and residents with several co-morbidities.</p> <p>The files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP or NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. All files reviewed were comprehensive and fully documented all the residents' conditions, and the required interventions to address those conditions. All interRAI triggers were linked back to care planning.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in The Avenue's service development, delivered services that gave choice and control, and removed barriers that prevented access to information. Service providers understood the Māori constructs of oranga and how to implement a process to support</p>

		<p>Māori and whānau to identify their pae ora outcomes in their care plan if required. The support required to achieve this was understood.</p> <p>Management of any specific medical conditions was fully documented, with evidence sighted of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care being delivered in collaboration with the resident and/or whānau in a timely manner. Residents and their whānau confirmed active involvement in the process. High-acuity handovers each morning were documented as a 'Huddle' and were signed by staff attending. Short-term care plans were signed off by all staff.</p> <p>Information was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>The resident and whānau satisfaction survey achieved 82.4% overall satisfaction in 2024.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</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>FA</p>	<p>The activities coordinator (AC) at The Avenues provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The more active residents are enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. 'Know me' booklets that included details of the resident's life were created on admission. Māori (Te Whare Tapa Whā) And Pasifika (Fonofale or Te Vaka Atafaga) models of care were included in the booklet. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. The Avenues was facilitating the concept of Matariki. The monthly residents' meetings included a karakia at the opening and closing.</p> <p>Other activities in the programme included a weekly church service,</p>

		<p>games, van outings, entertainment, shopping expeditions, and happy hour sessions. There was photographic evidence of multicultural activities inclusive of residents and of Pasifika staff celebrating training achievements.</p> <p>Interviews verified residents and their whānau were involved in evaluating and improving the activity programme. Those interviewed confirmed they found the programme met their needs. The resident satisfaction survey was very positive.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. A process was in place to record and review any medication errors and implement a corrective action process to minimise the risk of recurrence.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>The Avenues has a process in place for residents' including Māori residents should they be admitted, and their whānau, to ensure they understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were not used at The Avenues.</p> <p>Self-administration of medication was facilitated and managed safely.</p>

		<p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication and evidence of charting was sighted.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. A Māori/Pasifika-inspired menu option was available at The Avenues.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>The food service provided at The Avenues was in line with recognised nutritional guidelines for older people. The new winter menu recently introduced had been planned by a qualified dietitian.</p> <p>Interviews, observations and documentation during the audit verified all residents interviewed were satisfied with the meals provided. This was supported on the days of the audit, when residents responded favourably regarding the meals provided on these days. There were several menu options available, including vegetarian.</p> <p>A verification audit of the food control plan was undertaken at The Avenues in June 2023. There were no corrective actions. The plan was verified for 18 months. The plan is due for re-audit in December 2024. Resident and whānau satisfaction survey results from 2024 showed 94% overall satisfaction with food services.</p>

		Snacks are available in the morning, afternoon and at suppertime. Fresh fruit was available 24/7 for the residents to select if desired.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p> <p>The whānau of the resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services, if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures all equipment is maintained, serviced and safe. The programme includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 11 September 2024. There are currently no plans for further building projects requiring consultation with Māori.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. Each area has lounge facilities with a shared dining area. Lounge areas are used for activities for residents. External areas are planted and</p>

		<p>landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms, bathrooms and common areas have appropriately situated call bells.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. All rooms have full ensuites, with toilets, showers and handbasins. Rooms are personalised according to the resident's preference. All rooms have external windows which can be opened for ventilation, and safety catches are in place.</p> <p>Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the facility during the audit.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 August 2019, and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, most recently on 15 May 2024.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Sufficient food and water supplies are available to cater for the residents and staff working in the service. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells, and call bells were sighted in close proximity to residents whilst in their rooms. Call bell response times are monitored.</p>

		Appropriate security arrangements are in place. Residents were familiar with emergency and security arrangements. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.
<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>	FA	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on IPC and AMS programmes and any corrective actions arising from deficits identified post-infection. Expertise and advice are sought as required following a defined process and include escalation of significant events.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The Avenues has IP and AMS outlined in its policy documents. Infection prevention and AMS information is discussed at facility level through the clinical team, the clinical management team, and through the clinical governance team. Information is aggregated and reported to the board at board meetings; significant events are reported to the clinical advisory group immediately.</p> <p>Data on infections and antibiotic use includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level. Clinical specialists can access IP and AMS expertise through the National IPC Clinical Lead (in the Metlifecare support office), the local Te Whatu Ora, and Regional Public Health.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>Responsible use of antimicrobials is promoted. The antimicrobial stewardship (AMS) programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends,</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>possible causative factors and required actions. Results of the surveillance programme are shared with staff through the newsletter.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>All results of surveillance are reported to the governing body evidenced by sighting the minutes of the clinical governance meetings. Benchmarking occurred both across Metlifecare facilities and through an international consultancy.</p> <p>Communication between service providers and residents experiencing a health care-associated infection (HAI) is culturally safe. Ethnicity data including Māori and Pasifika were identified in the statistics.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Cleaning and laundry services are outsourced to independent contractors.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Contractors involved have completed relevant training and were observed to carry out duties safely. Chemicals were safely stored.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>The Avenues is a restraint-free environment. Restraint has never been used in the facility. There were no residents observed to be using restraint during the audit. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint-free environment and therefore upholding the ‘mana’ of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the NM who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the ongoing 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 (even if there is no restraint in place).</p> <p>The RC, in consultation with the NM 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 EPOA and/or whānau, and the nurse or general practitioner as part of the decision-making process.</p> <p>The restraint committee continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint be again used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.