

Metlifecare Retirement Villages Limited - Gulf Rise

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:	Gulf Rise
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 17 July 2024 End date: 18 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:	26

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 Gulf Rise provides rest home, hospital and memory (dementia) care services for up to 37 residents (one care suite is certified for dual occupancy for consenting adults). The facility is managed by an experienced village manager supported by an experienced nurse manager who has clinical oversight of the facility. Residents, whānau and external health providers were complimentary of the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora. The process included a pre-audit assessment of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, management, staff, allied health practitioners, and a general practitioner.

Improvements required in respect of this audit relate to the availability of staff to support culturally and clinically safe services, dementia specific educated staff working in the secure memory care (dementia) suites, the availability of first aid qualified staff, and the civil defence plan and water supplies.

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.
---	--	--

Metlifecare Gulf Rise provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview 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 (self-determination) should a Māori resident be admitted, and this was confirmed by management and staff. Systems and processes were in place to enable Pasifika people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi, training which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. There have been no complaints received by the service from external sources.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

The organisation is governed by Metlifecare, who work with senior managers within the service to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors and the executive team at Metlifecare are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

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

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

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

Residents’ information is accurately recorded, securely stored, was not on public display, and was 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.
---	--	--

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new concerns that arose. Files reviewed demonstrated that care met the needs of residents and whānau and they were evaluated on a regular and timely basis.

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

Medicines are safely managed and administered by staff who have been assessed as competent to do so.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

The facility meets the needs of residents and was clean and well maintained. There was a certificate of public use in place. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities). There were external spaces available for residents housed in the secure memory (dementia) care unit, and these were readily accessible during the days of audit.

Staff are trained in fire emergency procedures, use of fire equipment, and attend regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements including in the secure memory (dementia) care area. 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.

The governing body oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective contracted laundry services.

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.
---	--	--

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 restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	0	2	0	0
Criteria	0	165	0	1	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare Gulf Rise (Gulf Rise) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care to guide culturally safe services.</p> <p>Gulf Rise works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Gulf Rise can access support through Māori Support Services – Whānau Tū Tonū O Oruma, Ngāi Tai ki Tāmaki, Ngāti Pāoa.</p> <p>Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation if possible. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level.</p> <p>There were no staff or residents at Gulf Rise who identified as Māori; Māori staff were employed in the wider Metlifecare service.</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>	FA	<p>Gulf Rise has a Pacific health plan, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and has two culturally appropriate models of care (Fonofale and Te Vaka Atafaga) to guide culturally safe services. There were no residents who identified as Pasifika in the facility during the audit. The service has access to local Pasifika communities through local Pacific Island Support Services and through its staff.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at management level. There were staff who identified as Pasifika in the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. The Code was available in English, te reo Māori and New Zealand Sign Language (NZSL). Staff received training on the Code and knew how to access the Code in other languages should this be required. Nationwide Health and Disability Advocacy Service brochures were available in English and te reo Māori at reception and on every level of the facility. Gulf Rise recognised mana motuhake (self-determination).</p> <p>Residents and staff interviewed understood the requirements of the Code and the availability of the advocacy service and were seen supporting residents of Gulf Rise in accordance with their wishes. Interviews with several whānau, who visited regularly, confirmed staff were respectful and considerate of residents' rights.</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>Gulf Rise supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have purchased a care suite under an Occupation Rights Agreement (ORA), which provides a private room, kitchenette and ensuite. There is one double suite suitable for a couple who would choose to share by consent. It is currently occupied by a single resident.</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 Gulf Rise were educated in Te Tiriti o Waitangi and cultural safety, and this is reflected in day-to-day service delivery. Karakia has been introduced and was used at the beginning and end of all meetings. There is signage in te reo Māori located around the facility. Tikanga Māori is actively promoted throughout Gulf Rise and incorporated through their activities.</p> <p>Gulf Rise 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>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. The activities coordinator, with the resident or whānau, completed 'Know me, don't change me - My Life Story', which captured the resident's voice. Residents interviewed confirmed they were supported to do what was important to them, and this was observed during the audit.</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>	FA	<p>Employment practices at Gulf Rise 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</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>code of conduct. Professional boundaries were maintained.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff and resident or whānau interviews, or in documentation reviewed. 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.</p> <p>The residents' property is respected, and their finances were protected. 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 strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and Te Tatou Reo advance care planning. Māori values and beliefs are part of the mandatory training. Shared goals of care were documented for every resident on admission. Seven residents and three whānau interviewed expressed satisfaction with the care provided at Gulf Rise, and this was supported by interviews with two allied health professionals.</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 whānau at Gulf Rise reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA), and this was confirmed through whānau/family interview.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints. Residents, whānau and staff reported the nurse manager (NM) and village manager (VM) responded promptly to any suggestions or concerns.</p> <p>A communication book was used by staff to coordinate appointments for the resident, make notes and provide daily updates.</p>

		<p>Staff knew how to access interpreter services, if required.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the patient, whānau were included in decision-making, which was confirmed at resident and whānau interviews.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Tikanga guidelines are available for the consent process and supported in the education modules within the electronic training programme supported by Gulf Rise.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents' wishes to be documented, such as 'shared goals of care' and 'know me', which enable consent, as relevant, in the resident's record. Gulf Rise maintains Agreements of Care and EPOAs for all 26 residents, and EPOAs had been activated for all residents in the memory care suites. Resuscitation was discussed and documented.</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. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Complaints and advocacy information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted for three complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome</p>

		<p>of their complaint. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident 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 sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Metlifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure. Board members and members of the executive team have completed training on Te Tiriti o Waitangi, health equity and cultural competency.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., trilingual signage (English, te reo Māori, and NZSL) and information in other languages for the Code of Rights, complaints, advocacy services, and infection prevention and control). Gulf Rise promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>The strategic and business plan in place at Gulf Rise outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality and in staff training plans. Ethnicity data is being collected and analysed to support equity.</p> <p>Governance commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from its care facilities, including from Gulf Rise. Clinical</p>

		<p>governance is appropriate to the size and complexity of the service. The NM at Gulf Rise is a registered nurse (RN) with significant aged-care experience. Whilst the NM was unavailable on the days of audit, the acting regional clinical manager and a facility-employed RN were able to confirm knowledge of the sector, regulatory and reporting requirements, and both maintain currency within the field.</p> <p>Internal quality data collection (e.g., adverse events, complaints, infections, antibiotic use, internal audits, and restraint use) are aggregated and corrective actions completed where deficits are identified. A sample of reports to the Metlifecare board showed adequate information to monitor performance is reported.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings and there was evidence of discussion and documented response to matters raised from residents in meeting minutes sighted. Residents' satisfaction surveys and general resident meetings showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported a very high level of satisfaction when interviewed.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand for rest home, hospital, and dementia care services. Twenty-six (26) residents were receiving services at the time of audit: 10 were receiving rest home services, 11 hospital level services and 5 in the memory (dementia) care area.</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</p>	FA	<p>The acting RCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The directors and management at Gulf Rise document its commitment to quality and risk via its quality and risk management plan, and through policy.</p> <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents, for example, falls, pressure injuries, infections,</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>wounds, and medication errors), compliments and complaints, audit activities, and policies and procedures. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. A sample of seven incident forms reviewed (one medication error, one behaviour that challenged, three falls, one pressure injury (PI) and one soft tissue injury) showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The NM has complied with essential notification reporting requirements. There have been five Section 31 notifications completed in the last 12 months: two related to changes of the NM, one due to a gastroenteritis outbreak, one for a stage 3 pressure injury (PI), and one for an unstageable PI. The PI notifications were made prior to the change in the reporting structure, with PI notifications now being directed to Te Tatū Hauora – the Health Quality and Safety Commission (HQSC). No notifications have been made to HQSC. A COVID-19 outbreak was notified to Te Whatu Ora and Regional Public Health in February 2024.</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</p>	<p>PA Moderate</p>	<p>There is a documented 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), including for those working in the memory (dementia) care area of the service. However, most of the roster is covered by agency staff (both RN and caregivers) and there is not always a dementia qualified care staff member (or a staff member enrolled in the dementia programme) in the memory (dementia) care area (refer criterion 2.3.1). The facility has a process in place to adjust staffing levels to meet the changing needs of residents. Care staff, both employed and agency, reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed</p>

<p>services.</p>		<p>supported timely response to requests for assistance. There is a requirement that at least one staff member on duty has a current first aid certificate, and there is 24/7 RN coverage in the hospital. The facility had 24/7 RN coverage with the support of agency staff, but there was no documentation to support agency staff having completed first aid certification leading to deficits in the roster (refer criterion 4.2.4).</p> <p>The implemented recruitment programme ensured staff had the skills, attitudes, qualifications, experience and attributes for the services being delivered.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff wellbeing policies and processes are in place, and staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (general practitioners (GPs),</p>

		<p>pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of five staff records were reviewed. The files evidenced implementation of the recruitment process, the provision of employment contracts, reference checking, police vetting, visa checking (if applicable), and completed induction and orientation. Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p> <p>Ethnicity data is recorded and used in line with Health Information Standards Organisation (HISO) requirements. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them. Staff have access to 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>	FA	<p>Gulf Rise maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Information held electronically was username and password protected. Any paper-based records were held securely, were only available to authorised users, and were held only for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Gulf Rise is not responsible for the National Health Index registration of people receiving services.</p>
Subsection 3.1: Entry and declining entry	FA	Residents were welcomed into Gulf Rise when their required level of care had been assessed and confirmed by the local Needs

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. 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>Assessment and Service Coordination (NASC) agency and they had chosen Gulf Rise to provide those services. Files reviewed met contractual requirements for rest home, hospital and dementia service. Patients enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Gulf Rise collects ethnicity data on entry and decline rates. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data would be documented and analysed, including decline rates for Māori. To date, no prospective resident has been denied entry.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. Gulf Rise can access this support through Māori Support Services, and contact lists were readily accessible to staff.</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>	FA	<p>The multidisciplinary team at Gulf Rise work in partnership with the resident and their whānau to support wellbeing. An electronic resident management system, which includes a care plan, based on Gulf Rise's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff understood and would support Māori and whānau to identify their own pae ora outcomes in their care plan. These supports for wellbeing were verified by sampling 6 of 26 residents' records, including three tracers, from interviews of care staff, allied health professionals, residents, and</p>

		<p>whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process.</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>	FA	<p>The diversional therapist (DT) worked with residents and whānau to develop “Know me in my world”, which captures information about the resident’s life and wishes in the resident’s voice. Māori (Te Whare Tapa Whā) and Pasifika (Fonofale or Te Vaka Atafaga) models of care were included in the booklet.</p> <p>The activities programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A monthly calendar is distributed to all residents and is available in A3 format if required.</p> <p>Activity assessments and plans identify individual interests and consider the person’s identity.</p> <p>The DT has recently commenced employment at Gulf Rise but has made significant progress in implementing a comprehensive programme. They currently work fulltime, Tuesday to Saturday and shares the time between all three levels of the facility. As the numbers of residents in the memory (dementia) care suites are currently low the DT has developed some dementia specific activities but also brings memory (dementia) care residents to share in wider facility activities such as music and crafts. The DT has also been working with the caregivers in the memory (dementia) care suites to give them the skills to provide activities for these residents on a one-on-one basis until numbers increase.</p> <p>Individual and group activities reflected residents’ goals and interests, ordinary patterns of life and included normal community activities. Planned activities included pet therapy, garden walks, potting plants, nail care, chair exercise and breathing, happy hours, and singing, quizzes and music. Residents were encouraged to continue to participate in</p>

		<p>church services with their familiar congregations.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori would be facilitated through the DT, who has had extensive training in te ao Māori. June activity options for all residents included Māori songs, New Zealand national anthem in te reo Māori, counting in te reo Māori, the story of Matariki, and the stars and flax weaving.</p> <p>Feedback on the programme was provided through resident meetings and satisfaction surveys. Those interviewed confirmed they found the programme meets their needs.</p> <p>Resident satisfaction was high at 87% overall, with a Net Promoter Score of +25.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There is both a medication and a specimen fridge in the medication room, with temperature monitoring within recommended ranges.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber and charted if required. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication is facilitated and managed safely. One resident self-medicates when out of the facility. The resident has a signed competency in place. Staff check all medication prior to</p>

		<p>dispensing to the resident.</p> <p>Sachet packs are used for all regular medications and hospital bulk supply is available.</p> <p>Gulf Rise has a process in place to ensure residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service 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 from the review have been implemented. Metlifecare's dietitian provides for consistency of menu across all its facilities. The menu was last updated on 1 July 2024 and the winter menu, with recipes included to guide the kitchen staff, was implemented. Menus provide for a three-week cycle and include a range of options available for residents at each meal. Advice regarding allergens and special diets was provided. Snacks, including morning and afternoon tea (both sweet and savoury) are available, with cheese and crackers or sandwiches available for supper. Fruit drinks, including orange juice, cranberry and kiwifruit juice, are available in the fridge in the kitchen at each level. Food is available in the memory care suites 24/7. An onsite café welcomes all residents and whānau.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The last audit report of the Food Control Plan was on 14 September 2023, with no corrective actions.</p> <p>Each resident has 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. Māori and their whānau have menu options that are culturally specific to te ao Māori. Residents are provided with an options menu form each week, which is forwarded to the kitchen to provide for personal food preference. Special functions are supported, with Matariki the last occasion catered for.</p>

		<p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The dining rooms are safe and homely. Residents requiring assistance had this provided with dignity. Families expressed considerable appreciation with the dining arrangements at interview.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	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 were identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Whānau reported being kept well informed during the transfer of their relative, and communication was documented in all the resident files reviewed. Evidence of comprehensive transfer and discharge information was evident within the resident's electronic integrated file, with 'Yellow Envelopes' used for transfer which would include a current care plan, assessments and appropriate documentation that would be required by the receiving service to facilitate the best outcomes for the resident.</p> <p>Referrals were sighted to the dietitian, physiotherapist, podiatrist, mental health services for older persons, diabetes specialist and neurospecialist.</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</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. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits.</p> <p>A Certificate of Public Use, expiry 15 January 2025, was issued to the service prior to residents entering the facility. A Building Warrant of</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Fitness (BWoF) for the facility is in progress. The service currently has no plans for further building projects requiring consultation, but the directors of Metlifecare were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents and tāngata whaikaha to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. All suites have an ensuite which contains a toilet, handbasin and shower. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas for leisure activities, with appropriate seating and shade, including in the secure memory (dementia) care area. The memory care (dementia) garden area is safe and secure.</p> <p>Residents' rooms are appropriate for their purpose. Suites were spacious, with room for the use of mobility aids. Whilst all the suites for residents receiving rest home or hospital services had ceiling hoists in place, there was room for mobile moving and handling equipment should this be required in an emergency. Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. All suites and communal areas have electric heating, and these can be used to set to residents' preferred heat/cool settings.</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>PA Moderate</p>	<p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 16 August 2023, and the requirements of this are reflected in the Fire and Emergency Management Scheme, including</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>specific guidelines for residents in the memory (dementia) care suites. The plan requires that a fire evacuation drill is held six-monthly; the most recent drill was held on 2 July 2024. The facility is sprinklered and has wired smoke alarms in place. Also in place are fire extinguishers, and these were checked in July 2024.</p> <p>Disaster and civil defence plans and policies are in place. There are, however, insufficient cooking facilities and supplies to safely manage the care of the resident population in the event of a civil defence emergency, and water supplies do not meet the National Emergency Management Agency recommendations for the region (refer criterion 4.2.7). Other resources (e.g., food, disposable cutlery and crockery, and utility resources such as torches) are available, should the main supplies fail. Staff have been trained and knew what to do in an emergency. The service is wired for generator use and has a generator contract with a local supplier.</p> <p>Some of the RNs and care staff employed by the service have current first aid certification, but there is no documentation to confirm whether or not agency staff, used extensively by the service, have first aid certification (refer criterion 4.2.4). The DT held current first aid certification.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service, including for residents who are admitted to the secure memory (dementia) care area. Close-circuit television cameras (CCTV) are in use in the facility, located in the main medication room, outside lifts and in hallways. Signage is in place advising of their use. All staff were noted to be wearing name badges and uniforms during the audit.</p> <p>Call bells alert staff to residents requiring assistance, and these were noted to be accessible and within reach of residents and staff. Residents and whānau interviewed during the audit reported staff respond promptly to call bells. Appropriate security arrangements are in place. Access and egress from the secure memory (dementia) care suites area is by electronic fob, and there is a call doorbell in place outside the area to allow visitors to request entry.</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>	FA	<p>The governance body of Metlifecare has a suite of infection prevention (IP) and antimicrobial stewardship (AMS) programmes outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They have been approved by the governing body, are linked to the quality improvement system, and are being reviewed and reported on annually. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes and any corrective actions arising from deficits identified.</p> <p>Infection prevention (IP) and AMS is being supported at governance level through clinically competent personnel who make sure that IP and AMS are being appropriately managed. Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels through the clinical team, the clinical management team, the Metlifecare infection prevention and control (IPC) national lead, and through the clinical governance team to the Metlifecare board. Data on infections and antimicrobial use includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level.</p> <p>When clinically indicated, clinical staff at Gulf Rise can access IP and AMS expertise through the Metlifecare IPC national lead, the local Te Whatu Ora IPC nurse specialists, 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. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. The IPCC is new to the role but has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Ongoing training will be provided by Metlifecare. The advice of the IPC national lead will be 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.</p>

		<p>Cultural advice is accessed where appropriate. The infection and control annual plan for 2024-2025 has had clinical governance and board sign-off.</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 were 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 in its use. A COVID-19 outbreak was notified in February 2024 which affected eight residents. It was quickly brought under control by effective outbreak management. Ethnicity, treatment and outcomes were measured and analysed.</p> <p>A resident influenza vaccination programme is in place, with 80% of residents vaccinated in April 2024. The COVID-19 vaccine programme is up to date, with vaccinations offered at six-month intervals.</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.</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>Responsible use of antimicrobials is promoted. The 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. Consideration of responsible antimicrobial stewardship was confirmed by the general practitioner responsible for medication prescribing for 25 of 26 residents at Gulf Rise, at interview.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for 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, possible causative factors, and required actions. Results of the surveillance programme are shared with staff. Graphs and data were sighted in staff areas.</p> <p>A summary report for the recent COVID-19 infection outbreak in February was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have been incorporated into practice. Evidence of multidrug-resistant organisms (MDROs) being identified and managed according to policy was evident.</p> <p>Communication between service providers and residents experiencing a health care-associated infection (HAI) was culturally safe. Ethnicity data was collected and analysed for all surveillance activities.</p> <p>All results of surveillance are reported to the governing body, evidenced by sightings of minutes of the clinical governance meetings. Metlifecare benchmarks infection control data across all its facilities and then benchmarks this data across the industry through an international consultancy.</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 antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigates transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training, dependent on their role, and were observed to carry out duties safely. Chemicals were stored safely in locked chemical storage and locked cabinets on the cleaning trolleys.</p> <p>Laundry services were outsourced, with outcomes measured through the internal auditing schedule. Residents and whānau reported that the</p>

		laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.
<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>	FA	<p>Gulf Rise is a restraint-free environment and Metlifecare policies and procedures support restraint elimination. Restraint has never been used at Gulf Rise and there were no residents observed to be using a restraint during the audit.</p> <p>The restraint coordinator (RC) is a defined role undertaken by an RN who would provide support and oversight of restraint use. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC, in consultation with the Gulf Rise multidisciplinary team, would be responsible for the approval of the use of restraint 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, the GP, and resident's EPOAs and/or whānau as part of the decision-making process.</p> <p>Restraint use is identified as part of the quality programme and reported at all levels of the organisation. Documentation sighted confirmed that restraint is reported at facility, regional and national (board) level, even if restraint is not in use.</p> <p>There are strategies in place in the service to support the non-use of restraint, including staff interventions and an investment in equipment (e.g., using 'intentional rounding' (scheduled resident checks), de-escalation strategies, high/low beds, and sensor equipment). Restraint is also considered during the individualised care planning process, with alternative interventions put into place if the resident is thought to be at risk. Restraint would only be considered when all other interventions have failed. There are processes in place for emergency restraint in policy, should this be required.</p> <p>Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff had been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-</p>

		<p>escalation techniques, and restraint monitoring as part of the 2024 education programme.</p> <p>Given restraint has never been used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Staffing in the facility is reliant on the use of agency staff from three agencies, one being Metlifecare’s casual ‘pool’. Four weeks of rosters were reviewed, one in-depth. One week of the roster revealed that registered nurses (RNs) had been replaced by agency staff on nine occasions, and caregiving staff on 50 occasions; the other three weeks followed the same general pattern. Added to this, on 43 occasions over the four weeks, there were no staff who had the required NZQA qualification to work in the memory (dementia) care area or had been enrolled in it.</p>	<p>There are insufficient employed RNs and caregivers in the service to provide clinically and culturally safe services. There is not always a member of staff working in the memory (dementia) care unit who had completed, or was enrolled in, the required NZQA education programme.</p>	<p>Ensure sufficient RNs and caregivers are employed to provide clinically and culturally safe services, and that staff working in the memory (dementia) care area either have completed, or are enrolled in, the required NZQA education programme for the service.</p> <p>90 days</p>

<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>Some of the RNs (three from five) and care staff (five from 13) employed by the service have current first aid certification, but there is no documentation to confirm whether or not agency staff, used extensively by the service, have first aid certification. Managers interviewed thought that they did but, given this could not be confirmed during the audit, 24/7 first aid coverage of the facility could not be confirmed. Two RNs who are not currently first aid certified are booked for first aid training on 23 July 2024.</p>	<p>First aid coverage of the service could not be confirmed 24/7.</p>	<p>Ensure there are first aid certified staff on duty in the service 24/7.</p> <p>60 days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Low</p>	<p>The service has one barbeque (with one gas burner) and two gas bottles for use in a civil defence emergency, but there are no other cooking facilities. The service, on the days of audit, had 120 litres of water in storage, which is below the National Emergency Management Agency recommended guidelines for the region (three litres per person, per day for three days). Some water was delivered to the facility at the conclusion of the audit and further gas bottles were ordered. The service has sufficient food and crockery and cutlery supplies, as well as other supplies for use in an emergency (e.g. radio, torches, and spare batteries).</p>	<p>There are insufficient cooking facilities and gas bottle supplies to manage following a civil defence emergency. Water supplies held by the service are below the recommendations of the National Emergency Management Agency for the area.</p>	<p>Ensure there are sufficient cooking facilities and gas bottle supplies to manage following a civil defence emergency. Ensure that water supplies held by the service meet the recommendations of the National Emergency Management Agency for the area.</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, these 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.