

Metlifecare Retirement Villages Limited - Metlifecare Bayswater

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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Metlifecare Bayswater
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 September 2024 End date: 4 September 2024
Proposed changes to current services (if any):	The service is suitable to provide hospital-medical services. Please add this to the certificate.
Total beds occupied across all premises included in the audit on the first day of the audit:	18



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
Yellow	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
Red	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 Bayswater is owned and operated by Metlifecare Retirement Villages Limited. The facility opened in December 2023 and part of a well-established village in Tauranga. The service provides hospital (geriatric) and rest home levels of care for up to 24 residents. On the day of the audit there were 18 residents.

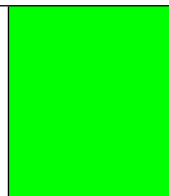
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The nurse manager, a registered nurse, is suitably qualified and experienced in aged care. The nurse manager is supported by the regional clinical manager, village manager, and team of experienced care staff. These roles are supported by the Metlifecare head of clinical.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standards.

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 Bayswater provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Metlifecare Bayswater provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

Hunga mahi me te hanganga | Workforce and structure

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.

Metlifecare Bayswater is part of the Metlifecare Retirement Villages Limited. The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based

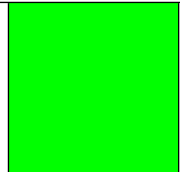
approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety and general manager clinical and risk and a consolidated report and analysis of all Metlifecare facilities are then provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

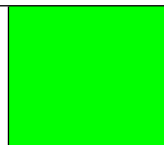
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

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

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

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

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.

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

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.

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

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

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

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

Here taratahi | Restraint and seclusion

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.

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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>A Māori health plan is documented for the service and based on He Korowhai Oranga: Māori Health Strategy 2014. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has no residents who identify as Māori.</p> <p>Metlifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members. Cultural assessments are in place and are completed for residents who identify as Māori (when required).</p> <p>The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Metlifecare Bayswater. Metlifecare Bayswater business plan and Cultural Responsiveness policy documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori. Metlifecare is supporting Māori staff to succeed in the workplace, the Māori health plan documents workforce inclusion strategies. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

		Interviews included seven staff (two caregiver, two registered nurses [RNs], a diversional therapist [DT], one sous chef and cook) and six managers (village manager, nurse manager, kitchen manager, maintenance manager, regional clinical manager, general manager of operation and Head of Clinical) and a contract cleaner.
<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>The Pacific Health Plan describes the commitment to appropriate care and is the basis of the Metlifecare Bayswater. The Pacific Care Plan supports either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There are Metlifecare cultural advisors that represent Pasifika staff and residents and ensure they have a voice.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit. The nurse manager confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, and recognition of cultural needs.</p> <p>Metlifecare partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. There were no Pasifika staff at Metlifecare Bayswater at the time of the audit. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The nurse manager confirmed how Metlifecare Bayswater increases the capacity and capability of the Pacific workforce as described in the business plan 2024.</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>	FA	Details relating to the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The nurse manager, clinical nurse manager or clinical

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>team leader discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Families are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held weekly, and these are well attended by residents. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Metlifecare Bayswater business and quality plan for 2024 and Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with seven residents (three rest home and four hospital) and three family/whānau (hospital level care) confirm that individual cultural beliefs and values, are respected.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice; they are treated with respect, and they participate in decision making. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their personal matters including choice over activities they participate in and who they socialise with.</p>

		<p>The Metlifecare annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is resident directed, holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for the couple admitted in the service. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident 'spiritual and cultural needs.</p> <p>The nurse manager confirmed that cultural diversity is embedded at Metlifecare Bayswater, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo Māori resources are available on the education platform. Cultural training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Metlifecare Bayswater policies documents actions taken to prevent any form of</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>institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of ethics. Metlifecare strategic direction, mission and values includes a commitment to abolish institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries and code of ethics are covered as part of orientation.</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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Residents are also supported by the residents' EPOA (enduring power of attorney) to develop their goals and staff provide choice.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff of their responsibility to notify family/next of</p>

<p>them about their choices.</p>		<p>kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if the next of kin was informed of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encourage through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large print format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau which evidence effective communication.</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</p>	<p>FA</p>	<p>The Informed and Voluntary Consent policy guides staff around informed consent processes. The resident files reviewed included signed general consent forms as part of the admission agreement. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>The advanced directive policy is implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance</p>

<p>health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Two complaints have been lodged in 2024. Both complaints are closed. There were no identified trends in respect of those complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff, registered nurse/ quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional clinical manager and Head of clinical. There were no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including but not limited to resident meetings, or one on one with management or through the website. During interviews with family/whānau, they confirmed the nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and</p>

		<p>family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process, when required. The complaints management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The nurse manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Metlifecare Bayswater is part of the Metlifecare Retirement Villages Limited group. The facility opened in December 2023 and is part of an established retirement village. The facility is certified to provide hospital (geriatric and medical) and rest home care for up to 24 residents in occupation right agreement (ORA) care suites. All beds are certified for dual purpose use including one double care suite intended for a couple. At the time of the audit the double care suite was occupied by a married couple. At the time of the audit there were 13 residents at rest home level of care and five at hospital level of care including one on respite care. All other residents were on the age-related residential care (ARRC) contract.</p> <p>Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare Bayswater business and quality plan for 2024 is reviewed quarterly as evidenced in the monthly reporting. Metlifecare Bayswater business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery and include medication optimisation, quality palliative care and cultural safety.</p> <p>The head of clinical interviewed confirmed the governance structure. The Governance Board consists of four directors and the chair, each with their own expertise. A Māori plan is actioned at Board level. There is an external organisation that provides cultural advice to the board on any issues requiring cultural oversight and direction. The board meets quarterly; however, receive monthly reports from the executive team.</p>

	<p>There are terms of reference for the Metlifecare governance body documented. The Board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the strategic plan.</p> <p>The Metlifecare executive team is responsible for the operational responsibility. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Metlifecare Bayswater are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for family/whānau are provided through general feedback to participate in the planning and implementation of service delivery.</p> <p>Clinical governance is overseen by the organisation's Clinical governance group (CGG) and Clinical subcommittee which include resident advocates and cultural advisors. The CGG oversee the development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician physician) and head of clinical oversee the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement activities.</p> <p>The nurse manager, is a registered nurse, has been appointed to the role the week prior to the audit; however, has been working at the facility since the opening. She has 14 years aged care experience and is currently completing a comprehensive orientation to support the role. The nurse manager is supported by a village manager and a regional</p>
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		clinical manager.
<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>	FA	<p>Metlifecare Bayswater is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (e.g., staff quality meeting, registered nurse quality meeting and restraint) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Quality to measure clinical effectiveness are regularly reviewed.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the resident meetings and six-monthly multidisciplinary meetings.</p> <p>An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2024 resident and family/whānau satisfaction survey evidence an overall satisfaction rate of 91%. The nurse manager completed a corrective action plan to improve `front of house` resident contact experience. The residents, family/whānau and staff received the results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated</p>

	<p>implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the Clinical governance group. New policies or changes to policy are communicated and discussed with staff and available on the intranet.</p> <p>A health and safety system is in place. There is a combined health and safety meeting with the village and led by the village manager. The hazard register is reviewed at regular intervals at the health and safety meeting. Staff incidents, hazards and other health and safety issues are discussed. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety. A consolidated report of the analysis of data across the facilities are provided to the general manager clinical and risk who reports to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care organisations. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts to Metlifecare senior team members depending on the risk level. Results are discussed in meetings and at handover. A sample of incident/accident reports were reviewed and evidenced appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the nurse manager in consultation with registered nurses and caregivers.</p> <p>Discussions with the nurse manager and regional clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one notification made to HealthCERT for the change in nurse manager. There were no other notifications required to be made.</p> <p>There has been one outbreak since the opening of the facility (Covid-19) which was appropriately reported, managed, and staff debriefed.</p>
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<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 an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of clinically safe care and support to residents. There is 24/7 RN cover; with at least one RN on duty on each of the shifts; in the morning, the afternoon and on the night shift. The RNs are supported by at least two caregivers on each shift.</p> <p>Caregivers reported staffing is adequate. There is a Metlifecare internal casual staff pool and an agreement with a nursing agency to assist with roster cover and an agreement with a nursing agency. The roster reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The nurse manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents` needs. Meeting minutes evidence staff and residents are informed when staffing levels change.</p> <p>The nurse manager works full-time (Monday to Friday). In the absence of the nurse manager the regional clinical manager will oversee the service.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural training. External training opportunities for care staff include training through Health New Zealand and the hospice.</p> <p>Compulsory training also includes topics relevant to the conditions of the resident cohort at Metlifecare Bayswater. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There is a comprehensive library with resources on the intranet. Metlifecare supports all employees to transition through the NZQA certificate in</p>
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		<p>health and wellbeing. There are 5 caregivers and three have level 4 qualifications. There is a Careerforce assessor at Metlifecare support office to support staff in their learning journey.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. There are five RNs and three hold an interRAI competency.</p> <p>All caregivers are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, second checker for medication and correct use of personal protective equipment. A selection of caregivers completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</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</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resource system. Five staff files reviewed (nurse manager, one registered nurse, diversional therapist, two caregivers) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have completed orientation documentation on file. All performance appraisals (peak performance objectives) were completed in June 2024.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented.</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>There is a Consumer Records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Metlifecare Disaster Management Plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The nurse manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for</p>

		National Health Index registration.
<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 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>	FA	<p>On enquiry, an information pack detailing entry criteria is provided to prospective residents and their family/whānau.</p> <p>The service has a process in place if access is declined, should this occur. The resident would be declined entry if not within the scope of the service or if a bed were not available. When residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are offered and the reason of decline is documented. The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission procedure requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and the referring agency. Interviews with residents and family/whānau and a review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is collected and analysed by the service. The regional clinical manager described having access to Māori services through relationships with local providers and Health New Zealand.</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>Five electronic resident files were reviewed: three rest home level and two hospital level care residents including one resident on respite care. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated, and an initial care plan completed within required timeframes (including the resident on respite care). All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents.</p>

	<p>A suite of risk assessments is available on the electronic system. They are completed in detail to inform the care plan for residents who do not require to have an interRAI assessments (respite care). The assessments include (but not limited to), those related to falls, skin, mood, pressure risk, nutrition, continence, communication, rest and sleep activities, mobility, and pain. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments were reflected into care plans.</p> <p>The care plans identify resident focussed goals, recognise Te Whare Tapa Whā, Fonofale, Te Vaka Atafaga and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and the initial interventions reflective of interRAI assessments describe in detail all support required to address assessed needs. Te Ara Whakapiri principles are used in end-of-life care.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>All residents had been assessed by a GP/NP within five working days of admission. The GP/NP reviews the residents at least three-monthly or earlier if required. The contracted GP and NP service visits once per week and more often if required. There are appropriate arrangements in place for after-hours support. The NP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The NP also stated they felt the clinical team 'did a fantastic job.' The GP/NP have remote access to the medication charts.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and an organisational dietitian, speech language therapist, hospice nurse and wound care nurse specialist is available as required</p>
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	<p>through Health New Zealand. The physiotherapist visits the facility for an hour per week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers complete task lists and progress notes on every shift. When changes occur with the residents' health, these are reflected in the electronic progress notes to provide an evolving picture of the residents' journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home level care residents. There is regular documented input from the GP/NP, and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review with the GP/NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>There were five wounds across the service including one chronic ulcer, and skin tears. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources as sighted during the audit. There is access to a continence specialist when required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood sugar levels; and toileting regime. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for</p>
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		<p>unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six-monthly care conferences (multidisciplinary meeting [MDT]) and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care conferences when care plans are reviewed.</p> <p>Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan and closed off when resolved or transferred to the long- term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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 residents' activities programme is implemented by a diversional therapist (DT) who works Monday to Friday (25 hours per week). All volunteers are inducted to the service. The activities team work together to support the hospital and rest home residents on the days they are both on duty. Activities are provided over five days and caregivers have access to resources to assist with activities after hours and other weekends. The monthly activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards.</p> <p>The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Individual activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Each resident has a booklet, which is in English and Māori, and identifies residents' needs based on Te Whare Tapa Whā model. The residents' activity needs are reviewed six-monthly at the same time as the care plans and contribute to the formal six-monthly multidisciplinary review process.</p> <p>Opportunities for Māori and whanau to participate in te ao Māori are available should the service gain any Māori residents. The residents have plans to form a kapa haka group as part of a drive to embrace</p>

		<p>Māori activities. This includes plans to engage in the upcoming Māori language week. Māori clergy provides service content in both English and Te Reo.</p> <p>For those residents who choose not to take part in the programme, one on one visits from the DT or volunteers from the village occur regularly. An outing is organised weekly and regular visits from community visitors occur. There are outings such as for shopping, coffee, lunch, beach visits, and scenic drives. Church services are held regularly.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held monthly.</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 identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required documented three-monthly reviews by the GP/NP provide evidence of assessment to reduce polypharmacy where indicated. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the registered nurse on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication, demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The medication administration process complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and review documentation</p>

		<p>made regarding effectiveness on the electronic medication management system as evidenced in progress notes. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding their medications occurs on a one-to-one basis by the registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>At the time of the audit, there were no residents self-administering medication. There is a documented policy that guides the process when residents are assessed as competent to self-administer medications. There are no vaccines stored on site, and no standing orders are used.</p> <p>The medication policy describes the consideration of over-the-counter medications and supplements when prescribing occurs and access to traditional Māori remedies are facilitated when required. Interview with the registered nurses confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP/NP following discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food is prepared and cooked on site. The kitchen manager is a qualified chef and works full time Monday to Friday and is supported by a sous chef, cook, and a team of kitchen hands.</p> <p>A nutritional assessment for each resident is undertaken by the registered nurses on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents who identify as Māori, information would be gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Food is transported in a heated scan box from the village centre</p>

		<p>kitchen to the care home and plated and serve by the caregivers. The dining room is on the ground floor; however, residents can choose to eat in their rooms if they prefer.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal, and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. There is a current food control plan. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and freezers are monitored. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori and Pasifika.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. The satisfaction survey evidence satisfaction related to the food services.</p>
<p>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>FA</p>	<p>There is a documented policy that guides discharges and transfers between services. Discharges, or transfers are managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided to ensure a smooth transfer process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness, the environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance manager responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic platform and followed up in a timely manner. There is an annual maintenance plan that includes electrical test and tag of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually and is next due in April 2025. Hot water temperatures are monitored and managed within the required range.</p> <p>The facility has sufficient space for residents to mobilise. The external area is well maintained. Residents have access to safely designed external areas that have seating and shade. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. All care suites are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids including those required by hospital level care residents. Seventeen of the care suites have ceiling hoists fitted. Residents are encouraged to personalise their care suites. All residents have their own full ensuite, and there are separate toilets for staff and visitors. Toilets and showers have privacy systems in place.</p>

		<p>Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. The communal areas include the lounge/diner (for activities), which is easily and safely accessible for residents. Any future refurbishment plans will be discussed with Māori representatives to ensure their aspirations and identity are included. General living, communal areas and all resident rooms are appropriately heated and ventilated by heat pumps/air conditioners. All rooms have external windows that open, allowing plenty of natural sunlight. The temperature was a good ambient temperature on the day of the audit. All corridors have safety rails that promote safe mobility. Corridors are spacious and residents were observed moving freely around the areas with mobility aids where required. All outdoor areas well maintained, seating and shade is available and are accessible and safe for residents' use.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster. A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service on 12 October 2023. A fire evacuation drill was completed in the last six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff received the appropriate training at orientation and annually to effectively respond to identified emergency and security situations.</p> <p>Civil defence supplies (sighted) are stored centrally and checked at regular intervals. There is back-up emergency lighting available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with four litres per day for a minimum of three days. A BBQ and gas cooktops in the kitchen are available for alternate cooking supplies. The service has a mobile generator available for the region (kept at a nearby sister site) in case of a sustained power outage. A minimum of one staff member trained in first aid is available 24/7. There are call bells in the residents'</p>

		<p>rooms and ensuite, toilets, and lounge/dining room areas. Sensor mats are used for fall prevention management. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>Staff are easily identifiable and there is a sign-in process to identify visitors and contractors. The building is secure after hours and staff complete security checks at night. The service has a dedicated security person on site overnight to patrol the village.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Metlifecare Bayswater business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Metlifecare’s head office, Public Health, and Health New Zealand - Bay of Plenty. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at clinical, quality, and staff meetings. The data is also benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP/NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Metlifecare Board.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the national infection control coordinator, in consultation with the infection control coordinators.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles,</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare head office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control registered nurse (IPC RN) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPC RN has completed online training through Metlifecare, and the Health Quality Safety Commission (HQSC). The service has access to national infection prevention expertise through Metlifecare's head office.</p> <p>The IPC RN (nurse manager) was interviewed, described the pandemic plan, and confirmed the implementation of the plan, proves to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention and control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The IPC RN has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IPC RN and clinical team, have protocols in place to work in partnership with any future Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The</p>
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		<p>procedures to check these are included in the internal audits.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p> <p>There are no plans to extend or alter the building; however, the IPC RN would have input into the process if this occurred.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical, quality, and staff meetings. Significant events are reported to the Metlifecare executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare Bayswater infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>clinical, quality, and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from the local Health New Zealand for any community concerns. There has been one outbreak (Covid-19) since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room on each floor, sanitisers with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered off site (apart from kitchen items and hoist slings). Linen is delivered on alternate days, and there are defined dirty and clean areas for pickup and drop off. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC RN. The washing machine and dryers are checked and serviced regularly.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Metlifecare is committed to maintaining a restraint free environment. There are no residents using restraint on the days of the audit. The nurse manager is the restraint coordinator and described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the dignity of the residents under their care.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role and provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 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.</p> <p>The nurse manager and the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their enduring power of attorney and/or family/whānau as part of the decision-making process.</p> <p>Restraint is an agenda item of clinical and quality meetings. The outcomes of the discussions are reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>

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.