

Metlifecare Retirement Villages Limited - Highlands Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Highlands Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 May 2022 End date: 6 May 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	37

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

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

Key to the indicators

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

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

General overview of the audit

Metlifecare Retirement Villages Limited - Highlands Hospital provides rest home and hospital services for up to 41 residents. The nurse manager is supported by the senior registered nurse and reports to the regional clinical manager and the village manager. All are newly employed in these roles since the previous audit.

This certification audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, managers, staff and contracted allied health providers and a general practitioner. The regional clinical manager and the Metlifecare executive clinical director participated in the closing meeting.

Strengths of the service, resulting in a continuous improvement rating, included a project involving the service and hospice. The service participated in the Palliative Plan Activation (PPA) programme in partnership with the Palliative Outcome Initiative (PQI) at Totara Hospice resulting in significant positive outcomes for individual residents involved.

There are no areas requiring improvement from this audit.

Ō tatou 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.

Residents and families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code) and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, residents, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti ō Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to quality improvements. Any actual or potential risks are identified and mitigated.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.

The service's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medicine management system. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

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

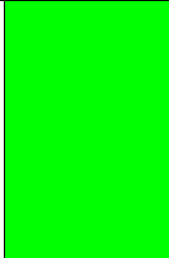
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a refurbishing project of the total residential care service in progress at the time of the audit. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. A proactive maintenance programme was in place and the grounds are well maintained.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family understood emergency and security arrangements. Residents/family reported timely staff responses to call bells. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body measures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The infection control coordinator is involved in procurement processes, and any facility changes and processes related to decontamination of any reusable devices. Staff demonstrated good principles and practice around infection control. Staff, residents' and whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is fully supported by the governing body and policies and procedures are available to guide staff. There were no residents using restraints at the time of the audit. A comprehensive assessment, approval, monitoring and review process was available. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	1	151	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Metlifecare Highlands Hospital has implemented policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. This is reflected in the values of the organisation. Manu motuhake is respected. Residents and family/whanau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. At the time of the audit there was one Māori resident and one staff member who identified as Māori. Any identified needs were documented on the electronic care plan reviewed.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	FA	<p>The service provider identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service. A draft Pacific Health Plan was received from the quality manager at head office on the day of the audit, for staff to review and to make any relevant comments. Interview with the organisation’s governance representative confirmed that they are aware of their responsibilities to support equity for Pacific peoples. There were no staff or residents</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>who identified as Pacifica on the day of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>The Code is available in Māori and English languages. The admission pack outlines the services provided. Residents' agreements, signed by an enduring power of attorney (EPOA), were sighted in records sampled. Service agreements meet the district health board requirements.</p> <p>The senior registered nurse (SRN) reported that the service recognises Māori mana motuhake (self-determination) of residents, family/ whanau, or their representatives in its updated cultural safety policy. The assessment process includes the resident's wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service ensures that from admission onwards, residents and family/whanau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The SRN reported that residents are supported to maintain their independence. A physiotherapist (PT)</p>

		<p>visits the facility three times a week (eight hours each day) for assessments of residents, to engage residents in different passive and active exercises, and for training staff. Residents were able to move freely within the facility.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have a private room. Staff was observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>All staff completed training on the Te Tiriti o Waitangi and culturally inclusive care in February 2022. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Tāngata whaikaha needs and te ao Māori are acknowledged in the care planning process. The organisation is actively working towards ensuring that te reo Māori and tikanga practices are incorporated in all activities undertaken including reviewing the policies and procedures.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Family members stated that residents were free from any type of discrimination, harassment, physical, sexual abuse, neglect or exploitation and were safe.</p> <p>Policies and procedures such as the harassment, discrimination, and bullying policy are in place. The policy applies to all staff, contractors, visitors' and residents. This also includes definitions, signs and symptoms, management of residents' property, and finance and reporting requirements. The senior registered nurse (SRN) and GP stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled. The family/whānau and residents interviewed expressed no concerns regarding abuse, neglect, or culturally unsafe practice.</p> <p>The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Staff are guided by policies and procedures</p>

		<p>and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p> <p>The Māori Health Care Plan in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Family members stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported by review of residents' records and in interviews with residents. Staff understood the principles of open disclosure, which was supported by policies and procedures. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their files.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and the use of family members is facilitated as needed. The SRN reported that verbal, non-verbal, printed material, communication cards and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or</p>	FA	<p>The nursing team and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These are signed by the enduring power of attorney (EPOA) and residents. The GP makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. Advance directives are explained and encouraged; only a few had been completed.</p> <p>Staff was observed to gain consent for day-to-day care, and they reported that they always check first if a consent form is signed before</p>

<p>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>undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms are signed and uploaded to the residents' electronic record management system. In interview with residents they reported that they felt safe, protected and listened to and happy with care/ consent processes.</p> <p>Residents who identify as Māori confirmed that Tikanga best practice guidelines in relation to consent were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The complaints policy was reviewed in March 2021. This policy and procedure meets the requirements of the Code. Residents and family understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of any findings following investigation. A Health and Disability Commissioner (HDC) complaint received 2018 was followed through and was closed 18 January 2021. The outcomes of the HDC complaint were actively discussed with senior staff and any learnings were reported back to the staff. One additional complaint had been received since the previous audit and this was actioned appropriately.</p> <p>There have been 11 compliments for staff during 2022 and these were fed back to staff at the quality meetings.</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>FA</p>	<p>The governing body assumes accountability for delivering a quality service through supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti of Waitangi, despite not having any representation of Māori members on the current board. The regional clinical manager interviewed stated the organisation is focused on improving health outcomes for Māori and people with disabilities. The executive and leadership structure for the organisation is clearly defined in policy and flow charts and this includes clinical governance that is appropriate to the size and complexity of the service. The business plan for 2021 to 2022 reviewed has vision, values and scope defined. Specific goals are</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>implemented, as common to all sites, and there are established organisational measures to monitor and ensure consistency of service delivery across the organisation.</p> <p>The senior executive team, village manager and the clinical management team actively manage all identified risks and operate a quality environment and process of continuous quality improvement. Action plans are developed and implemented and reviewed quarterly. Some quality improvement initiatives currently in progress include the palliative care programme, restraint elimination and a food service project underway.</p> <p>The nurse manager is an experienced senior registered nurse who manages the day-to-day operation of the services provided. The nurse manager interviewed confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field of gerontology. The nurse manager reports to the regional clinical manager, who was interviewed and present at this audit, and is supported by a senior registered nurse. A sample of reports to the executive clinical director showed adequate information to monitor performance is reported. The clinical director was present (on-line - virtually) for the closing meeting.</p> <p>The service holds contracts with Counties Manukau District Health Board (CMDHB) for rest home, respite, long term support chronic health care and hospital level care. On the day of the audit 37 residents were receiving services under the contract. Five rest home level residents and 32 hospital level residents. There were no respite care residents and no long-term support chronic health care (LTSCHC) residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of complaints, audit activities, incidents/accidents, an annual satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. The resident/family survey for 2021 provided an overall satisfaction rate of 81% and this was reviewed at the time of the audit. Relevant</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements with the DHB and were current.</p> <p>The regional quality clinical manager interviewed described the processes for the identification, documentation, monitoring, review and reporting of any risks, including health and safety risks, and development of any mitigation strategies.</p> <p>Staff document any adverse events and/or any near miss events in line with the National Adverse Event Reporting Policy. There is a new event folder available electronically and the assistant village manager uploads any events to the risk register and this goes directly to support office and is accessed there. Any significant events are sent directly to the regional clinical manager (RCM) and then onto the clinical director, and the village manager is informed.</p> <p>There have been no Section 31 notices completed since the previous audit. However, on the day of the audit a section 31 notice was completed by the nurse manager in relation to the tracer methodology undertaken. The resident had been diagnosed with a stage 3 pressure injury and this had not been reported to HealthCERT. There have been no police cases, issues-based audits or any other notifications.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The annual practising certificates of all health professionals are reviewed annually by the nurse manager and a record is maintained. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and family interviewed supported this. At least one staff member on duty has a current first aid certificate. The rosters are displayed monthly. There is registered nurse cover on all shifts twenty-four hours a day, seven days a week. Staff provided positive comments and care staff when interviewed reported that they had</p>

<p>services.</p>		<p>worked at this facility for more than ten years. Bureau staff are arranged to cover care staff only, when and if required. The organisation also has a casual list of registered nurses available in the event of staff being absent on any given shift.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme, to meet the requirements of the provider's agreement with the DHB. Education records are maintained by the nurse manager including staff attendance records. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff interviewed reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and procedures are based on good employment practice and relevant legislation. A sample of staff records confirmed the organisation's policies are being consistently implemented. Individual staff records reviewed were maintained to a high standard. All staff receive a comprehensive orientation at commencement of employment. A 'buddy' system is also used for care staff until they feel confident to work as part of the team. Staff interviewed felt they were well orientated to their individual roles. Job descriptions were available and reviewed in the sample of staff records reviewed.</p> <p>A new initiative has been implemented to replace the organisation's annual appraisal system. This is now called 'Peak Performance' and this is working effectively for all staff. The staff member talks about what has gone well for them and what could have gone better.</p> <p>Ethnicity data is recorded and used in line with health information standards.</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>All necessary demographics, personal, clinical and health information was fully completed in the residents' records sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' records are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Records can be retrieved if required.</p> <p>Residents' records are held both kept electronically and paper based. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records.</p> <p>All hard copies are kept in securely locked cupboards. Hard copy archived records are stored safely and securely on-site There is an effective system for retrieving both hard copies and electronically stored residents' records.</p> <p>All records sampled were legible, including the time and date, and designation of the writer. Progress notes were documented on each shift, and these were individualised.</p> <p>There is a consent process for data collection. Records sampled were integrated. The SRN and CM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Metlifecare Highlands is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home and hospital level of care were in</p>

<p>care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required time frames and are signed on entry. The nurse manager (NM) reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. Family/whānau were updated where there was a delay to entry to service. This was observed on the days of the audit and in inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The NM reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There was one Māori resident at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers and organisations to support Māori individuals and whānau.</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</p>	<p>FA</p>	<p>The service uses both electronic and paper-based record management systems. All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required time frames. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the NM, SRN, and care staff. InterRAI assessments were completed within 21 days and based on this assessment and the staff's observation of the</p>

<p>whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>resident. Cultural assessments were completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed. These were completed within the required time frames as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The SRN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>All residents' care was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the SRN and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>The long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, an interRAI reassessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in</p>
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		<p>accordance with the residents' needs. The family/whānau interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health Care Plan in place reflects the partnership and support of whānau and the extended whanau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whanau.</p> <p>A continuous improvement rating was awarded for the quality initiative project, Palliative Plan Activation (PPA) programme (refer to 3.2.5).</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by an activities coordinator who has been conducting activities for two years at the service. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile called a (Know me form) is completed for each resident within two weeks of admission in consultation with the family and residents.</p> <p>The activity programme is formulated by the activities coordinator in consultation with the NM, SRN, EPOAs, residents, and care staff. The activities are varied and appropriate for people requiring rest home and hospital level care. Residents' activities care plans were evaluated by the RNs in consultation with the activities coordinator every six months or when there was any significant change. All of these are documented on the electronic record management system, and other copies are printed off and kept on the residents' files. Van trips are conducted except under Covid-19 national restrictions.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The PT visits three times a week</p>

		<p>to engage in exercise sessions and assessments with the resident. The planner sighted included, flax weaving, target bowls, morning walks, newspaper reading, current affairs, food quiz, poi music and dance, quoits, checkers, happy hour, dominoes, church service, word games, baking and cooking, singing, movie and ice cream. The activities planner is posted on the various notice boards and each resident has a planner in the room. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated where required.</p> <p>Family members and residents reported overall satisfaction with the level and variety of activities provided.</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 the Medicines Care Guide for Residential Aged Care. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation.</p> <p>Indications for use are noted for pro re nata (PRN) medications, over-the-counter medications, and supplements, allergies are indicated, and photos were current.</p> <p>Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments. The RNs checked medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medication.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy in a timely manner. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p>

		<p>The RNs were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley and locked treatment room.</p> <p>There were no residents self-administering medications. There is a self-administration policy in place when required. There were no standing orders in use.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes were conducted. The SRN reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered. Outcomes of as-required (PRN) medication were consistently documented. Administration records are maintained, and drug incident forms are completed in the event of any drug errors. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food service is managed by the food services manager who is a chef. Two other cooks are assisted by kitchen hands. There is an approved food control plan for the service which expires on 5 May 2023. Meal services are prepared on-site and served in the respective dining areas. The menu was reviewed by a registered dietitian on 25 February 2022. The kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents are given a choice to select the meals they want on a daily basis. A daily special requirement form is completed and sent to the kitchen. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the</p>

		<p>day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>The family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The food services manager reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori, where required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure area. If a resident's information is required by a subsequent GP or service, a written request is required for the file to be transferred. The SRN reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or kaupapa Māori agencies when indicated or requested.</p> <p>Families are involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
Subsection 4.1: The facility	FA	Systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, are well

<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>maintained and that they meet legislative requirements.</p> <p>Metlifecare Highlands Hospital was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and family interviewed were happy with the environment, including heating, ventilation, privacy and maintenance. A maintenance team member and the village manager were interviewed. The maintenance programme was proactive with all environmental checks being undertaken in a timely manner. An approved renovation project has been implemented and this will involve the total residential care facility. Staff and residents have had input into the colours chosen for this project.</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 and civil defence plans and policies direct the facility in their preparedness for any disasters and described the procedures followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The service also works in with the CMDHB emergency plans. Residents were familiar with emergency and security arrangements.</p> <p>Call bells alert staff to residents requiring assistance. Care staff have pagers connected to the call bell system. Call bell audits are completed as per the audit schedule reviewed. Outcomes are discussed with staff at the regular staff meetings. Residents and family reported that staff respond promptly when assistance is summoned.</p> <p>There are appropriate security arrangements in place.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of this aged care residential care service, have been approved by the governing body, link to the quality improvement system and health and safety and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, any issues and/or significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family have received training and updates for managing the ongoing current pandemic. Training records are well maintained.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. A review of the programme is completed by the governance team at the head office. The SRN is the infection prevention and control coordinator (IPCC). A position description for the IPCC was in place.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for COVID-19. Most residents and all staff were vaccinated for COVID-19 and influenza. Completed records were sighted in all files sampled.</p> <p>There was a pandemic outbreak plan in place. Information and resources to support staff in managing COVID-19 were regularly updated. Visitor screening and residents' temperature monitoring records depending on alert levels by the MOH were documented. COVID-19 rapid antigen tests (RATs) are being conducted for staff</p>

	<p>and visitors when indicated before coming on-site. There was an exposure event where 13 residents and some staff members tested positive for COVID-19 in March 2022 and this was managed according to policy. The facility was closed to the public for three weeks, with GP, family/whānau, residents, and relevant authorities notified promptly. Documented evidence of meetings with the DHB, staff, and family notifications was sighted. There was another exposure event on the second day of the audit involving three residents and all necessary precautionary measures were taken.</p> <p>There are documented policies and procedures for managing both manual and automated decontamination of reusable medical devices. Internal audits are completed three times a year and all corrective actions are documented and verified at the audit.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff in the nurse's station, and these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitizers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by either the NM, SRN, regional clinical manager, or other external consultants. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained. The SRN completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training, donning and doffing PPE.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The service is working towards ensuring that the committee works in partnership with Māori for the protection</p>
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		of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The SRN is responsible for implementing the infection control programme and indicated there are adequate people, physical, and information resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared in a timely manner. The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. The data is collated and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings, and management meetings. All infection data is compiled, documented and reported to the regional clinical manager. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working towards ensuring surveillance of healthcare-associated infections include ethnicity data.</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</p>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, and infectious or hazardous substances, including storage and use of chemicals. Material safety data sheets were available where chemicals are stored, and staff interviewed knew</p>

<p>within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>what to do should any chemical spill/event occur. No hazardous substances were detected on site. The NM, SRN, RNs food services manager, and care staff interviewed demonstrated awareness of safety and appropriate disposal of waste. Used continence and sanitary products are disposed of appropriately in disposal containers stored in a safe place outside.</p> <p>There were sharps boxes in the medication room. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. Staff was observed to be using personal protective equipment, including changing gloves after every procedure.</p> <p>All laundry is washed on-site or by family members if requested, in the well-equipped laundry which has a clear separation of clean and dirty areas. The resident and family/ whānau interviewed expressed satisfaction with the laundry management and reported that the clothes are returned promptly. There are designated laundry and cleaning staff. All have received appropriate annual training in chemical safety and infection control, including COVID-19. Chemicals were decanted into appropriately labelled containers. Chemicals are stored in labelled containers in the locked storeroom. There are cleaning rooms where all cleaning trollies are kept locked. Safety data sheets were available in the laundry, kitchen, sluice rooms, and chemical storage areas.</p> <p>The effectiveness of cleaning and laundry processes is monitored through the internal audit programme and corrective actions are acted upon. Cleaning of frequently touched areas and accessed areas was increased due to COVID-19. The residents and family members interviewed reported that the environment was clean. The care staff demonstrated a sound knowledge of the laundry processes.</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</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance executive for Metlifecare demonstrates full commitment to this. At the time of this audit no residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have</p>

<p>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>been explored. Restraint has not been used since the previous audit.</p> <p>The restraint/minimisation is discussed annually as part of the quality reporting and review process. Therefore 6.2 and 6.3 are rated as 'not audited'.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions and de-escalation techniques.</p> <p>The documented processes are fully followed by staff, with approval being sought as necessary. Family are kept well informed and are fully involved in any decision making as required.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively</p>	CI	<p>The long-term care plans sampled reflected identified residents’ strengths, goals, and aspirations aligned with their values and beliefs documented. The evaluations included the residents’ degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Relevant outcome scores are considered in the development of care plan goals and interventions. Detailed strategies to maintain and promote the residents’ independence, well-being, and where appropriate early warning signs and risks that may affect a resident’s wellbeing were documented. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, NM, RNs, care staff, activities coordinator, physiotherapist (PT) and members of the allied health team, and</p>	<p>The achievement of the quality improvement projects in the PPA project and implementation of the programme is rated beyond the expected full attainment. With this project, there has been a documented review process which included the analysis and reporting of findings. The outcomes from the project were documented in the electronic record management system, progress notes, correspondence, and emails. Forty-seven residents have entered the programme since its inception, and 62% have since died. The use of the Te Ara Whakapiri assessment tool showed a 52% compliance rate, the low total rate was due to its early introduction a few months after June 2020 because of the Covid-19 pandemic. This tool has helped the staff identify required interventions when needed.</p>

<p>through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>family/whānau.</p> <p>The service initiated a quality improvement project called Palliative Plan Activation (PPA) programme commenced in June 2020 in partnership with the Palliative Outcome Initiative (POI) team at Totara Hospice. The project aimed to deliver the best possible quality of life to residents at the service not only during the last days of life but during the person's final months through the PPA. The service also provided palliative care around medical, cultural, spiritual, and psychosocial aspects and their whānau, through a holistic approach where everyone was involved in the planning and execution of these palliative care plans.</p> <p>Residents who were admitted to the service needed 24-hour care. Care homes are a provider of palliative care and mortality rates for those admitted with dementia, chronic disease, or cancer range from three months to two years. It was observed during the project in the last year and a half that having an early conversation regarding palliative care towards the end of life and death itself had a positive impact on the residents themselves and their whānau.</p>	<ul style="list-style-type: none"> -Taha Tinana physical wellbeing, deprescribing, and anticipatory prescribing of palliative medications revealed an 88% compliance rate. Personal care and comfort showed a 90% compliance rate (based on progress notes, resident, and whānau feedback). - Taha Wairua/Spiritual Wellbeing- PPA and palliative programme demonstrated a 96% compliance rate with staff able to identify needs, arrange interventions, and respect the expression of residents' spiritual wellbeing. - Taha Hinengaro/Emotional and mental wellbeing indicated that there was a 96% compliance rate. Staff was reported to have been proactive in delivering care in this area of care. - Whānau - 90% of whānau expressed their appreciation through (verbal, emails, and cards) for the resident's peaceful and planned palliative journey. - The 'bucket list' programme revealed a 70% compliance. This was part of the PPA questionnaire, and the resultant compliance was largely due to Covid-19 restrictions. -Feedback (questionnaire) from the whānau after the death of a resident. The evidence resulted in a 44% compliance rate. The reason for the low compliance rate is that this was a new initiative that was started in 2022. Only four responded out of nine requests. The low outcome was attributed to the gap between the request (which was recent) for feedback and the time of death (a few months prior). <p>The other noted success of this programme at the service earned one of the RN, who was leading the project, an invitation from the POI team and thereafter co-presented in the 'Shared decision-making and advance care planning' virtual hui in December 2020. Along with the POI team, they</p>
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			<p>presented 'Initiating Palliative Conversations in Aged Residential Care-RN, whanau and facility perspective'. This resulted in the RN being a finalist in the Lee-care Solutions Stand-Out Individual Award.</p> <p>The PPA project has generated income which for the most part has been redistributed to benefit resident care.</p>
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End of the report.