

# Metlifecare Retirement Village Limited - Merivale Retirement Village

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Merivale Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 28 September 2022    End date: 29 September 2022
<b>Proposed changes to current services (if any):</b>	Proposed sale of Merivale Retirement Village to Metlifecare
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	43



# Executive summary of the audit

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

## General overview of the audit

Merivale Retirement Village provides age related rest home and hospital level services, long-term chronic health conditions, short-term care (respite), and support care (end-of-life care) for up to 69 residents. The facility is owned and operated by three directors of Merivale Retirement Villages 2011, one of the directors is actively involved in the service and is the managing director. The facility is one of two facilities owned and operated by the group, the other being The Village Palms.

This provisional audit was conducted in anticipation of a sale of the two facilities to Metlifecare. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, managers, staff, contracted allied health providers (a physiotherapist) and a general practitioner. The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines.

Representatives from the proposed purchaser were interviewed via telephone during the audit. The proposed new provider is currently providing aged care services in a number of aged-care facilities and retirement villages around New Zealand. The sale of the business is expected to occur in December 2022.

Strengths of the service, resulting in a continuous improvement rating relate to how the service evaluates risk against their quality outcomes. Improvements are required in managing residents' dietary requirements.

## **Ō tatou motika | Our rights**

Merivale Retirement Village works collaboratively to support and encourage a Māori world view of health in service delivery. There are currently no residents who identify as Māori. However, staff described how they would provide Māori with equitable and effective services based on the Te Tiriti o Waitangi. Some staff, however, did not fully understand the concept of Māori mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse. Given it is already a provider of aged-care services, the prospective provider is aware and understood the rights it is expected to adhere to under the Code.

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

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

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body assumes accountability for delivering a high-quality service and, while it does not have Māori representation at Board level, it has access to high quality Māori expertise through a personal associate of one of the board members.

Documentation at governance level clearly honours Te Tiriti o Waitangi and the reduction of barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities).

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

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

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

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

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

A transition plan is in place to transfer the facility to the prospective provider.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

The facility meets the needs of residents and was clean and well maintained. There is 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.

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

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

The governing body ensures 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. A registered nurse acts as the infection control coordinator, leads the programme, and is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

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

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

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

## **Here taratahi | Restraint and seclusion**

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

The prospective supplier is also committed to restraint elimination and, given it is already a provider of aged-care services, they understood the rights and requirements in relation to any restraint use.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	0	0	0
Criteria	1	152	0	1	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	<p>FA</p>	<p>Merivale Retirement Village (Merivale) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake) though not all staff understood the concept (refer criterion 1.3.5).</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. The facility used the pillars of the ‘Te Whare Tapa Whā’ model to inform care should residents who identify as Māori be admitted. There were no residents who identify as Māori during the audit.</p> <p>The prospective provider also has policies and procedures in place to meet the requirements of the Ngā Paerewa standard and utilises the ‘Te Whare Tapa Whā’ model to inform care. It will work with the current provider to transition to its policies and procedures in 2023.</p>

		<p>Residents and whānau are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. The prospective provider is also committed to Māori recruitment across all levels of its organisation. Ethnicity data is gathered by the current providers when staff are employed. There are staff employed who identify as Māori.</p> <p>The service has links to Māori health support through the Te Whatu Ora – Health New Zealand: Canterbury (Te Whatu Ora) and a Māori cultural adviser as required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Merivale identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. There is a Pacific Health Plan to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no residents of Pasifika descent receiving care at the time of audit. The prospective provider also has a Pacific plan to guide care of residents.</p> <p>The facility has a plan for managing care so that the needs of Pasifika can be adequately met, utilising information contained their Pacific peoples and other cultures policy and procedure. There is support for Pasifika residents through local Pasifika organisations should this be required. Interview with the organisation’s managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>There are staff employed in the facility who identified as Pasifika in leadership or training positions. The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. The prospective provider is also committed to</p>

		<p>recruitment of Pasifika across its organisation.</p> <p>The service has links to health support for Pacific peoples through the Te Whatu Ora and local ministers and ministries as required.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. The prospective provider is also aware of its responsibilities under the Code and had policies and procedures in place to ensure these are respected.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>A Māori cultural advisor has been engaged. However, not all staff understood the concept of Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and ways to enable participation in te ao Māori</p>

		are being considered. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.
<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>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected.</p> <p>There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional racism.</p> <p>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā' and is based on the identified strengths of residents. There are currently no residents who identify as Māori. However, wellbeing outcomes for all residents are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</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>Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy to understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Staff communicate with other health professionals involved in each resident's care including the GP, specialist services and allied health professionals. Staff knew how to access interpreter services, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>A Māori liaison advisor has been appointed and cultural resources are available. However, staff did not know how to access best practice tikanga guidelines for consent.</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. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Policy allows for complaints from Māori to be managed in a culturally appropriate way.</p> <p>Three complaints have been received by the service (one verbal, two written) since the last audit. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There has been one complaint received from an external source. This related to a Health and Disability Commissioner (HDC) complaint that was lodged prior to the last audit. Information has been provided by the service as requested by the HDC, the complaint remains open. The prospective provider is aware of the complaint.</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</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service and, while it does not have Māori representation at Board level, it has access to high quality Māori expertise through a personal associate of one of the board members. Equity for Māori and Pacific peoples have been addressed through the Māori and Pacific</p>

<p>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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Health Plans, and equity for tāngata whaikaha is enabled through choice and control over their supports and the removal of barriers that prevent access to information. The prospective provider has an established organisation structure to deliver high quality services to residents.</p> <p>The strategic and business plans include statements identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for an integrated service delivery and mana motuhake values are embedded into levels of practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified nurse manager to manage the service with the support of a clinical manager who is responsible for clinical services. Both are registered nurses with current practising certificates External support for te ao Māori, Pacific peoples and tāngata whaikaha is available through Te Whatu Ora, local Māori, Pasifika, and disability support people and organisations</p> <p>The strategic plan for the service, approved by the board, demonstrated leadership and commitment to the quality and risk management programme. A sample of functional reports to the board showed adequate information to monitor performance is reported.</p> <p>Both the nurse manager and clinical manager maintain currency within the field, have been employed within aged care for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. The management team works with staff to meet the requirements of relevant standards and legislation.</p> <p>The facility will be under the prospective purchaser's governance from the date of settlement. The prospective purchaser is a privately listed company which consists of a Board of Directors, a Chief Executive Officer (CEO) and a team of executives including a Clinical Director</p>
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		<p>who oversees all clinical operations. This Director role is assisted by a team of Regional Clinical Managers (RCMs). Merivale will work most closely with the RCM, part of this person's role will be to submit the necessary documentation needed prior to transfer, e.g., Section 31 notification of manager details, evidence of addressing corrective actions arising from this audit. The prospective provider's Clinical Transition Leader will support the transition. They have recently assisted with the purchase and clinical transition of six other sites.</p> <p>The service holds contracts with Te Whatu Ora for the provision of age-related residential rest home and hospital care (ARRC), short-term residential care, end-of-life support care, long-term support-chronic health conditions (LTS-CHC), and young person disabled (YPD). The service has 47 dual purpose rest home/hospital level care beds upstairs and 22 serviced apartments downstairs under occupation rights agreements (ORAs); these are approved for rest home level care. Forty-three (43) residents were receiving services at the time of audit. Seventeen (17) under the ARRC rest home contract (includes two in serviced apartments), 25 under the ARRC hospital level contract, and one under the end-of-life support care contact).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the monitoring and management of adverse events, complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, and clinical incidents e.g., infections and wounds, and use of restraint. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The nurse manager (NM) and the clinical manager (CM) understood and have complied with essential notification reporting requirements. There have been three section 31 notifications made in the last 12 months, all due to the current registered nurse (RN) shortage.</p>

		<p>The NM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A monthly quality and health and safety meeting is held which outlines an overview of adverse events, health and safety, restraint, compliments and complaints, clinical incidents, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. Changes to service are made where shortfalls are identified (through internal auditing) or new ideas elicited (through surveys). A sample of reports reviewed showed adequate information to monitor performance is reported. The service also works hard to identify opportunities to improve their services. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Two projects have been ongoing as a response to internal audits and an adverse event. The first related to a marked improvement in the process to manage care planning and follow up for residents following an internal audit process. The second relates to actions taken following an increase in falls and following a fall that could have been better managed (refer criterion 2.2.2 and subsection 3.2).</p> <p>Satisfaction surveys are conducted. The resident satisfaction survey conducted in 2021 was very positive across all items surveyed. An activities survey conducted in 2022 gave insight into activities popular with the current resident population and these have been taken into account in the design of the activities programme. Whānau and staff satisfaction survey were conducted in 2020 and these were also very positive, these have recently been sent out again to ascertain the views of staff and whānau.</p> <p>The Merivale management team also evaluates services through meetings with residents and their whānau (though these have been disrupted due to the COVID-19 pandemic).</p> <p>There are no legislative compliance issues for the prospective</p>
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		<p>provider to be aware of. A transition plan is in place to transfer the facility to the prospective provider. There will be a clinical transition lead and a RCM as well as an operations manager who will oversee and support this transition, along with other key support staff e.g., information technology (IT) and human resource (HR) staff. There is no intention to make major changes to the current service or its staffing following the transition beyond migrating the electronic medication management and the HR management system currently in use by the service to the prospective buyer's supplier.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them except where this has been stretched due to COVID-19 illness in staff between April and June 2022 which required Te Whatu Ora support. Residents and whānau interviewed supported the adequacy of staffing. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The prospective provider reported that there was no intention to change the staff provision, they intend to take a 'wait and see' approach to staffing but have an acuity tool that can be utilised should this become necessary e.g., for acuity changes over time.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. HCA staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Sixteen HCAs hold level four qualification and seven level three. Records reviewed demonstrated completion of the required training and competency assessments. Cultural competency and Māori Health Framework education has been completed for staff in 2022.</p>

		Staff reported feeling well supported and safe in the workplace. There is a wellness policy in place and discussion on wellbeing was sighted in performance appraisals.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of seven staff records were reviewed confirming the organisation's policies are being consistently implemented. Job descriptions are in place, including for infection prevention and control and restraint. Annual practising certification (APCs) for health professionals are in place. A comprehensive induction and orientation process takes place for all new employees. Staff performance is reviewed and discussed at regular intervals and include discussion around staff wellbeing. Ethnicity data is recorded and used in line with health information standards.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, legible, and met current documentation standards. The service is in the process of integrating paper files into the electronic system used. A separate system documents the residents individualised activity requirements and information related to this is integrated into the resident's health record by the registered nurse.</p> <p>Staff files are held securely. Electronic information for residents and staff is username and password protected.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>The service provider is not responsible for National Health Index registration of people receiving services.</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 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>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision.</p> <p>Enquiries are documented. However, the service does not yet analyse entry and decline rates and ethnicity data is not collected prior to admission.</p> <p>The service has appointed a Māori cultural advisor to guide staff and there are resources available. There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six months thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural needs are identified for residents during the assessment process and supports to meet these needs are documented. Short term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly or earlier if clinically indicated. Management of any specific medical</p>

		<p>conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, or new needs are identified, changes are made to the care plan.</p> <p>Historic discrepancies were noted with contractual timeframes not being met in relation to assessment and care planning. However, it is clear the service is now meeting all contractual timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and reviews. All interRAI assessments and long-term care planning was up to date. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Multidisciplinary review occurs six monthly with resident and whānau input when possible. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Not all staff understood the Māori constructs of oranga and pae ora.</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>Two trained diversional therapists provide an activities programme that supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Personal profiles identify individual interests and consider the person's identity, values, and beliefs. Diversional therapy plans document interventions to meet the resident's individual goals.</p> <p>Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included involvement in community activities. There are currently no residents who identify as Māori. However, residents with connections to Māori have this identified and care is planned to maintain these links. Further opportunities for Māori</p>

		<p>and whānau to participate in te ao Māori are being explored.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs by the GP when prescribing. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse described how this is facilitated and managed safely when the need arises.</p> <p>Residents, including Māori residents and their whānau when required, are supported to understand their medications. Partnerships with local Māori providers are being explored to enable the facility to support Māori residents who wish to access traditional Māori medicines when requested.</p>
Subsection 3.5: Nutrition to support wellbeing	PA Low	The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian

<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>within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a dietary profile and nutritional assessment completed on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated and made known to the kitchen. However, the kitchen staff did not have dietary information available for all residents with special dietary needs.</p> <p>There were no residents who identify as Māori at the time of audit. How to incorporate menu options that are culturally specific to te ao Māori is being explored.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>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</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A building warrant of fitness is in place with an expiry of 1 April 2023. Electrical and biomedical equipment has been tested and tagged.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Handrails are in place in wide corridors and personalised equipment was available for residents with disabilities to meet their needs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups, there are smaller spaces available for residents to use for private conversations. There are adequate numbers of accessible</p>

<p>belonging, independence, interaction, and function.</p>		<p>bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms have ensuites.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. No new building requiring consultation with Māori are envisaged at this time, the board is aware of the requirement to consult.</p> <p>The prospective provider has no intentions to make environmental changes in the aged-care facility. The clinical integration lead confirmed they are aware of the requirement to consult if changes are considered.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and were able to describe emergency procedures. The fire evacuation plan has been approved by the New Zealand Fire Service on 1 April 2019. The evacuation plan requires six monthly trial fire evacuation, this was last conducted 19 July 2022. Fire-fighting equipment is checked annually, last checked in May 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. All staff wear name badges. Information on emergency and security arrangements is included in information given to incoming residents. Residents and whānau were familiar with emergency and security arrangements.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and</p>

<p>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>significant events to the governing body.</p> <p>The prospective provider also has infection prevention (IP) and antimicrobial stewardship (AMS) programmes in place along with reporting to governance level.</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 infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to facility management. The IPCC, who is a registered nurse, has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The advice of the nurse manager who is also a registered nurse with infection prevention knowledge and expertise, is sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies written with input from an infection prevention and control specialist were last reviewed in 2022 and reflected the requirements of the standard and are based on current accepted good practice. Policies include procedures related to the decontamination and disinfection of medical instruments. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use.</p> <p>Cultural advice is accessed where appropriate. A Māori advisor has been appointed to support staff and to assist them to source resources in te reo Māori and to develop partnerships to ensure culturally safe practice for Māori.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention</p>



		in a manner that meets their needs.
<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>An antimicrobial policy is in place, this appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence based guidelines. The service is yet to evaluate the effectiveness of the antimicrobial programme.</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. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance does not include ethnicity data. Results of the surveillance programme are reported to management and shared with staff.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</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</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. PPE is available to staff when handling hazardous waste and chemicals. Cleaning and laundry staff interviewed described when this would be used. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out</p>

<p>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>duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observation.</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>Maintaining a restraint free environment is the aim of the service. The board demonstrated commitment to this. At the time of audit, no residents were using a restraint. If restraint were to be used to promote safety, it would be used as a last resort when all alternatives have been explored. Aggregated restraint data, including the type and frequency of restraint, is reported to the board at defined intervals.</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 restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have to be approved, and the overall use of restraint being monitored and analysed. Whānau/EPOA were involved in decision making.</p> <p>The prospective provider also supports a restraint free environment and has policies and equipment in place to alleviate the need for the use of restraint. It does, however, still have policies and procedures in place should restraint be required.</p> <p>Given no restraint is being used in the facility, subsections 6.2 and 6.3 are not applicable and have not been audited.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	<p>The menu has been reviewed and approved by a dietitian. However, three residents whose dietary needs require them to receive meals not included in the main menu have not been reviewed by the dietitian to ensure their nutritional needs are met and no referral to the dietitian has been made. This includes one resident who is lactose intolerant and two residents who follow a vegan diet. The kitchen staff do not have information on special diets available for reference.</p>	<p>Not all residents whose dietary needs require them to receive meals not included in the main menu have been reviewed or referred to the dietitian to ensure their nutritional needs are met and kitchen staff do not have information on special diets available for reference.</p>	<p>Ensure all residents receive a diet approved by a dietitian to ensure the nutritional value of the diet is appropriate to their needs.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Two projects have been ongoing as a response to internal audits and an adverse event. The first related to a marked improvement in the process to manage care planning and follow up for residents following an internal audit process. The second relates to actions taken following an increase in falls and following a fall that could have been better managed (refer subsection 3.2).</p>	<p>Project one was raised as a result of an internal audit into care planning and follow-up activities. It was identified that there were significant issues in relation to the timeliness of interRAI assessments and long-term care planning (LTCP), adverse events management with associated short-term care planning (STCP), infection control monitoring, food and fluid management, wound and restraint management. A plan was made to address the issues raised. Part of the files completed by RNs were reviewed with specific RN deficits ameliorated with additional training and/or education, RN workloads per shift were reviewed to assess the ability to better spread any extra tasks or responsibilities, including the roles of the CM and the NM. The outcome was that, at this audit, the interRAIs and care plans (both LTCPs and STCPs) were up to date, infection control, food and fluid management (with the exception of</p>

			<p>special dietary needs as identified in criterion 3.5.4), wound, and restraint management were all in place and consistently at or above the auditable standard.</p> <p>Project two was raised as a result of an internal audit which indicated a marked increase in falls and coincidentally a poorly managed fall (refer subsection 3.2). Data was collected that indicated a higher number of falls than the previous year (15 in March 2021 compared to 21 in March 2022). The fall event, which resulted in a fracture showed that initial first aid provided did not follow best practice. This was acknowledged by management and staff have since completed first aid training which included management of falls. Added to this, falls rates and the follow up for falls has been markedly improved. Residents have been assessed for more appropriate levels of care (hospital or dementia), equipment has been purchased to reduce injury from falls, a physiotherapy driven exercise programme has been implemented, the use of calciferol was implement by the general practitioner (GP) and 41 residents are now taking this (it is contraindicated for some residents), adverse events and residents at risk are better communicated to staff through health care assistant (HCA) and RN meetings (minutes sighted), and the ability to quickly identify residents who may be at risk of falling through a 'falls tracker board) in the nurse station has been implemented with those residents referred for physiotherapy review from the physiotherapist employed by the service. Since the project has been initiated there has been a marked reduction in the number of falls, between April and September these were in between nine and 11 per month. The service also plans to commence a walking group once the weather improves.</p>
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End of the report.