

# Metlifecare Retirement Villages Limited - St Andrew's Cambridge

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## 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	St Andrew's Cambridge
<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: 6 December 2022      End date: 7 December 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	23

# 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 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

St Andrews Cambridge provides rest home and hospital level care for up to 24 residents. The service is owned by Metlifecare who took over the operations in March 2022. The care facility is managed by a village and care manager (VCM) with input from the regional clinical manager (RCM) and a regional operations manager (ROM). There is a full-time employed assistant care manager /RN who oversees day to day service delivery and the health status of residents in the care facility.

The only significant changes to the service since the previous audit are a change in the village and care manager in July 2022 and a changeover of consumer information management system to the electronic system used across all Metlifecare services.

This certification audit was conducted against Ngā Paerewa the Health and Disability Services Standard 2021 and the service's contract with Te Whatu Ora-Waikato. The audit process included a pre audit review of policies and procedures, consideration of residents' and staff files, observations and interviews with residents, their families, management, care and clinical staff, and a nurse practitioner.

Residents, their families and allied health professionals who were interviewed spoke very positively about the care and services provided.

This audit has resulted in no identified areas for improvement.

## 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.

St Andrews works collaboratively to support and encourage a Māori world view of health in service delivery. Although there were no Māori residents in the care facility on the days of audit, the wider organisation has developed relationships, resources and practices to provide equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake. There is a Pacific plan and should any resident identify as Pasifika, there are processes in place to provide culturally safe services which recognise Pasifika worldviews

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.

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

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 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 trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

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.

## 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.

When people 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

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 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**

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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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. An experienced and trained infection control coordinator leads the programme.


The infection control coordinator, who is a registered nurse, 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

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.
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The service is a restraint free environment. This is supported by the governing body and policies and procedures. Restraint use (when in use) is analysed and reported at all levels throughout the organisation. There were no residents using restraints at the time of audit. There are clearly described procedures for assessment, approval, monitoring, evaluation and review should restraint occur. Staff 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	0	165	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

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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>Metlifecare (MLC) has an overarching Māori Health Care Plan 2022-2024 which guides on delivering care to Māori using te whare tapa whā and ensuring their mana motuhake is respected. The Māori resource folder held on site at St Andrews contained copies of the plan and significant other resources to guide and assist staff for example, contact details for local iwi and kaupapa Māori service providers, templates for cultural assessments and Māori health care plans and NZ strategy documents to inform culturally safe practices. The organisation has also developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Examples of this are an ongoing investment in staff, leadership and Board training and education.</p> <p>The Board opens every meeting with a mihi and waiata, and plan to raise the visibility of the unique relationship with Māori in New Zealand (NZ) in a ‘business as usual’ way despite having international board members. The changes have been well received by the board.</p> <p>MLC are using the guidance of an external contractor to inform their</p>

		<p>Māori models of care and service delivery. The contracted group are assisting by sourcing marae/iwi support for all MLC facilities in NZ.</p> <p>A cultural advisor is appointed for the facility and there were staff available who are fluent in te reo.</p> <p>MLC proactively recruits and retains a Māori workforce.</p> <p>Residents and whānau interviewed said they felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>MLC Pacific Health Plan July 2022-2024 which contains detailed objectives and action steps aimed at ensuring culturally inclusive service delivery for residents who identify as Pasifika. This was developed in partnership with Pacific communities and organisations. There were no residents who identified as Pasifika, but there are clear policies and models of care (Fonofale and Te Vaka Atafaga) to guide staff in developing and providing culturally safe services for residents.</p> <p>There is a non-executive director who is Pasifika who 'sits at the board table' and can advise on Pasifika health equity and wellbeing. MLC understand the quality issues faced by Pacific peoples and are able to access guidance from this person around care and service for Pasifika.</p> <p>There were Pasifika staff employed.</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>St Andrews, Cambridge is aware of its responsibilities under the Code and has policies and procedures in place to ensure these are respected. 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, offering choices and supporting resident self-determination. 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>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 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, which is spacious and reflects their individuality.</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 staff described ways to enable participation in te ao Māori. 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>
<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>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 understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</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>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	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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed 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>There were no residents who identified as Māori at the time of audit and Tikanga guidelines are available to guide staff when needed.</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 that acknowledges receipt of and aims to resolve complaints in ways that lead 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. There had been two complaints received since the previous audit. The documentation sighted showed that the complaints had been acknowledged and complainants had been informed of findings following investigation. Both matters had been closed.</p> <p>There have been no complaints received from external sources since the previous audit. The code of rights and complaint information is available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori and people with disabilities. MLC are well underway in implementing systems and processes to monitor health improvements for Māori and tangata whaikaha in their care, ensuring their services are equitable and identifying any perceived barriers. MLC are using Maurea, a Māori consulting agency to inform policies and procedures around equitable services and care directed to Māori.</p> <p>There is a Māori Health Plan in place which will be reviewed as changes required become apparent. The Māori resource folder held on site at St Andrews contained copies of the plan and significant other resources to guide and assist staff for example, contact details for local iwi and kaupapa Māori service providers, templates for cultural assessments and Māori health care plans and NZ strategy documents to inform culturally safe practices.</p> <p>MLC have a 'Full Potential Plan' (FPP) which is a strategic plan for the organisation that is reviewed annually. Each facility has its own business plan for its particular services. The St Andrews continuous quality improvement and risk plan 2022 –2024, contained clearly described objectives with time framed action steps which the VCM</p>

		<p>reports on regularly.</p> <p>A sample of reports to the senior management and leadership team who in turn report to the board, showed adequate information being provided up, is used to monitor organisational and site-specific performance.</p> <p>Recruiting and retaining people is a focus for MLC. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also plan to use feedback from Maurea to inform workforce planning, sensitive appropriate collection and use of ethnicity data and how it can support its ethnically diverse staff appropriately. The VCM who has extensive experience as a clinician and manager in aged care services, confirmed knowledge of the sector, regulatory and reporting requirements and provided evidence they were maintaining currency within the aged care sector.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. If clinical, this is through the clinical advisory group (CAG) which reports clinical data to the clinical governance group. The MLC clinical governance reporting structure goes from facility to executive clinical governance to board clinical governance (a sub-committee of the board) and then to board. The board level clinical governance committee meet three times per year and prior to board meetings. The committee takes an in depth look at clinical and quality indicators, for example, adverse events, infections, antibiotic use, restraint use, complaints, and staff development. This is analysed for trends, and strategies are agreed to be presented to the full board. These activities in turn inform the strategic planning process and annual FPP.</p> <p>MLC utilise the skills of staff and support them in making sure barriers to equitable service delivery are surmounted. When they acquire a facility, immediate work is commenced to address any barriers to enable equitable service delivery such as putting policies, procedures and processes in place and supporting staff to migrate to them, installing technology support solutions (where these are deficient) such as Wi-Fi, resident or medication management systems. Ongoing</p>
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		<p>overview to maintain the systems are put into place following acquisition.</p> <p>The organisation facilitates service user and whanau participation in planning, implementation, monitoring, and evaluation of service delivery via resident meetings and annual resident satisfaction surveys. An annual staff engagement/satisfaction survey gathers a wider view of how residents and staff are being supported. Results of both are used to improve services. MLC also has a resident representative on its executive level clinical governance group.</p> <p>Governance and senior leadership have invested in ensuring provision of and access to credible education related to Te Tiriti, health equity and cultural safety competency. Currently, four non-executive board directors have completed the training and one executive board member. Eight people from the executive team have also completed the training.</p> <p>St Andrews holds an aged related residential care agreement (ARCC) with Te Whatu Ora-Waikato for hospital medical, hospital-geriatric, rest home, and respite care. On the days of audit there were 23 residents. Of these, 13 were rest home level care and 10 residents were receiving hospital level care. No residents were receiving respite care and one of the hospital residents was receiving palliative care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>FA</p>	<p>The organisation had a planned quality and risk system that reflects the principles of continuous quality improvement. This included management of incidents and complaints, audit activities, an annual resident satisfaction survey, monitoring of outcomes, clinical incidents, InterRAI, restraint minimisation and infection prevention.</p> <p>Terms of reference and meeting minutes reviewed confirmed that adequate reporting and discussion occurs on quality matters. Regular review and analysis of quality indicators occurs monthly and related information is reported and discussed at the various onsite meetings. For example, the monthly RN and full staff meetings which inform the</p>



<p>and support workers.</p>		<p>two monthly Midland region cluster meetings, clinical management team meetings and clinical governance meetings. Records of these contained details and discussion on quality monitoring outcomes, health and safety, infection prevention and control and restraint. Other meeting minutes contained evidence of discussion on pressure injuries, falls, complaints, incidents/events, infections, audit results and activities.</p> <p>Relevant corrective actions are developed on a plan and implemented as necessary and demonstrated that a continuous process of quality improvement is occurring</p> <p>Residents, whānau and staff contribute to quality improvement through providing feedback on their experiences of service delivery. Results of the 2022 resident survey revealed an 85% satisfaction rating and no major concerns. These surveys include the larger population of village residents, and as the responses are anonymous, it is difficult to discern which feedback is from care facility residents. The monthly resident meetings provide real time and direct feedback and there was evidence that matters raised at those meetings were addressed in a timely way.</p> <p>Policies and procedures cover all necessary aspects of service delivery and ensure that contractual requirements are met. The document control system is managed by the organisation's head office and ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of any obsolete documents.</p> <p>Both managers described the processes for the identification, monitoring and reporting of risks and development of any mitigation strategies. The risks documented in the site-specific continuous quality improvement and risk plan showed consistent review and updating of risks, action steps/mitigation strategies, and the addition of any new risks identified. The VCM, RCM and members of the health and safety committee interviewed, were aware of the Health</p>
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		<p>and Safety at Work Act (2015) and confirmed the ways they meet the requirements of this legislation, the risk and hazard plans and associated policies. All visitors to the facility are informed about and reminded of health and safety and infection prevention during the electronic sign in procedure.</p> <p>The service has established processes for essential notification reporting requirements. The organisation had submitted section 31 notifications about the change of manager and two notifications related to shortages of RNs in 2022. WorkSafe NZ were notified about a staff injury, and Public Health were notified about positive Covid-19 cases in August 2022.</p> <p>The organisation has developed and begun implementing processes for measuring health equity, which includes internal audits, resident, whānau and staff feedback and analysis of quality data.</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. 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. 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). All staff work in ways that are culturally safe and have attended regular training on how to deliver health care that is responsive to the needs of Māori. There is a list of staff including Māori staff, displayed in the care facility which documents who are fluent in different languages.</p> <p>The service has been challenged by clinical and staff shortages throughout this year. Two notifications about RN shortages have been submitted (refer subsection 2.2) and there was regular use of bureau care staff. Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. There is always an additional RN on call</p>

		<p>after hours as well as medical advice being available from the GP service.</p> <p>The care facility is divided into two wings with a maximum of 12 residents in each. Rosters sighted and staff interviews confirmed that for every day of the week, there were three care staff and one RN on site for morning and afternoon shifts, plus there is a diversional therapist (DT) on each weekday. Note, the full time DT resigned recently and a care staff member was capably fulfilling the role until the new DT recruited commences duties in early 2023. There were two care staff and one RN rostered for each night duty.</p> <p>All RNs and senior care staff are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support the single RN on duty.</p> <p>Allied staff such as a diversional therapist (or substitute) and the contracted physiotherapist were allocated sufficient hours to meet residents' needs and provide smooth service delivery. A designated cleaner carries out housekeeping duties five days a week (refer subsection 5.5) and there were sufficient kitchen staff providing meal services. Laundry services were being outsourced on the days of audit but this system was being changed. There is a domestic laundry within the care facility for use by residents.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. Continual education subjects in infection prevention related to COVID-19 and its variants including donning and doffing of personal protective equipment (PPE), emergency management including fire drills, civil defence, manual handling and safe transfer, falls prevention, pain assessment and management, death and dying, and nutrition and hydration have taken place so far this year. Education sessions on the code of rights,</p>
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		<p>restraint minimisation and prevention, challenging behaviours, cultural awareness including Te Tiriti and the Pasifika health plan, communication and other role specific training had been delivered this year.</p> <p>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. Of the 13 care staff employed, 8 have achieved level four on the NZQA framework and the others are on track to achieve these.</p> <p>All staff had attended training in Te Tiriti, cultural safety and methods for ensuring equity in service delivery. The site managers encourage and endorse tikanga Māori being incorporated in the services delivered to residents, such as use of te reo, bi-lingual signage, waiata and karakia and ensure that staff stay aware of the importance for all residents to maintain connections with their cultural heritage and whānau.</p> <p>Three of the four RNs were accredited and maintaining competencies to conduct interRAI assessments. These staff records sampled, demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment and employment process includes referee checks, police vetting, and proof of vaccination status and confirmation of qualifications on commencement of employment.</p> <p>The staff records sampled confirmed the organisation's policies were</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>being consistently implemented. Signed individual employment agreements and current position descriptions that described the role, authorities and responsibilities were seen in electronic files. These included position descriptions for the restraint coordinator and infection control coordinator. Hard copy records sighted confirmed all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ medical council, pharmacy, physiotherapy and podiatry.</p> <p>Electronic and hard copy personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. Staff interviewed about the effectiveness of their induction process commented positively.</p> <p>Formal performance appraisals occur at least annually, and the random selection of staff files sampled contained evidence of a completed performance review for 2022.</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>St Andrews uses an electronic system for resident health records. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Any paper documents are scanned to the electronic record to ensure integration.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public</p>

		<p>display during the audit.</p> <p>The service provider is not responsible for NHI registrations.</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>	FA	<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>Enquiries are documented and where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. The provider understands the requirement to record ethnicity data but there had not been any Māori admitted or declined at the time of this audit. Related data is documented and analysed.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. Metlifecare has developed links with local Māori 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>	FA	<p>The multidisciplinary team at St Andrews work in partnership with the resident and family/whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the resident'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.</p> <p>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 monthly thereafter. Long term care planning details strategies required to maintain and promote independence,</p>

		<p>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.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the Nurse Practitioner (NP) 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. 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. Where progress is different to that expected, or new needs are identified, changes are made to the care plan.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goal. Multidisciplinary review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. Those interviewed confirmed active involvement in the assessment, care planning and review process, including residents with a disability.</p> <p>Residents are supported to maintain their independence, residents described care staff encouraging them to complete their own personal cares and doing their own laundry. One resident interviewed commented on how much they valued staff promoting and maintaining their independence.</p> <p>The NP interviewed confirmed care is of a high standard, and said they are called appropriately when needed.</p>
Subsection 3.3: Individualised activities	FA	A registered diversional therapist was responsible for developing and implementing the activities programme. The programme supports

<p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>residents to maintain and develop their interests and was suitable for their ages and stages of life. The incumbent diversional therapist recently resigned and a replacement has been appointed to commence in early 2023. In the interim the position is being filled by a member of the care staff with experience in supporting the activities programme. They were following the activities programme developed by the diversional therapist. Residents interviewed confirmed the programme has continued, that it meets their needs and they were happy with the activities on offer.</p> <p>Activity assessments identify individual interests and consider the person's identity. Resident social and activity needs were included in care planning and reviewed if the resident's needs changed and as part of the six-monthly care plan review. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities.</p> <p>There were no residents who identify as Māori at the time of audit, staff described how they would facilitate engagement and participation in te ao Māori when required.</p> <p>Staff were working towards identifying community initiatives that support the health needs of Māori and considering how the workforce could support such initiatives.</p> <p>Residents and whānau were involved in evaluating and improving the programme. Those 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.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	<p>FA</p>	<p>The medication management policy for St Andrews was current and in line with the Medications 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 were competent to perform the function they manage.</p> <p>Prescribing practices meet requirements. Allergies and/or sensitivities were recorded on medication charts. Medication reconciliation occurs by the GP or NP when prescribing. Over the counter medications and</p>



<p>current legislative requirements and safe practice guidelines.</p>		<p>supplements are considered by the GP and/or nurse practitioner as part of the residents' medication.</p> <p>The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders are not used. Pro re nata (PRN) medications were being reviewed for effectiveness after use.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines were stored safely, including controlled drugs. The required weekly stock checks had been completed, including pharmacy six monthly checks. Medicines were stored within the recommended temperature ranges for both refrigeration and room. All medications sighted were within current use by dates.</p> <p>Self-administration of medication is facilitated and managed safely. There was one resident self-administering on the day of audit. Records and observation demonstrated evaluation, approval and a review process had been undertaken. When interviewed the resident was knowledgeable about their medication.</p> <p>Medication competent staff could describe the process of safe disposal and return of medications to pharmacy.</p> <p>Residents and their family/whanau were being supported to understand their medications and treatments. Although no residents identified as Māori on the days of audit, staff could describe the processes required to access support for Māori should the need arise.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time had been implemented. The service operates with an approved food safety plan and registration and all aspects of food management comply with current legislation and guidelines.</p> <p>Each resident had a nutritional assessment on admission to the facility and this was being updated as their needs change. The personal food preferences, any special diets and modified texture requirements were being accommodated in the daily meal plan.</p> <p>Residents were observed to be given sufficient time to eat their meals</p>

		<p>in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>There were no residents who identified as Māori at the time of audit. The chef and chef manager described how they would incorporate menu options aimed at meeting the preferences of Māori residents when required.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning included open communication and handover of information between all services including current needs and any risks identified.</p> <p>Whānau reported being kept well informed during the transfer of their relative. Documentation evidenced EPOA and whānau were kept informed during the recent transfer of a resident to the district hospital.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness (expiry date 20 December 2022) was publicly displayed.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment, safety checking of lifting equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment.</p>

		<p>Visual inspection revealed the environment was hazard free, that residents were safe, and that their independence was being promoted. External areas were safely maintained and observed as appropriate to the resident groups and setting. Residents could easily use the elevators to access the ground floor café and outside seating areas.</p> <p>Each of the 24 bedrooms had an ensuite bathroom with accessible shower and toilet, and there are additional toilets for use by staff and visitors. The bedrooms are spacious and installed with ceiling hoists, although if other standing and swing hoists were required there was sufficient space for two staff and the resident to be safely manoeuvred.</p> <p>Residents and staff confirmed they knew the processes to follow when any repairs or maintenance were required, and said they were very happy with the environment which is relatively new having been opened in 2017. Maintenance records revealed very few repairs being required in the past year.</p> <p>Both wings were maintained at comfortable temperatures in winter and summer, confirmed by resident, staff and family interviews.</p> <p>There were heat pumps and underfloor heating throughout the facility. Each residents room had at least one large external opening window and there were large sliding doors to external decks in both wings.</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>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff.</p> <p>Disaster and civil defence planning guides and directs the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The fire evacuation scheme was approved on the 13 October 2017 following construction of the building. There had been no changes to the footprint of the</p>

		<p>building since. Fire evacuation training and drills were occurring six-monthly with a copy sent to the New Zealand Fire Service. The most recent events occurred in April and on the 29 November 2022. The orientation programme included fire and security training. Staff confirmed their awareness of the emergency procedures. All care and clinical staff were maintaining first aid certificates.</p> <p>The issue with the fire curtain identified at the November 2021 provisional audit has been resolved. Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's, were sighted and met the requirements for a maximum of 24 residents. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Sufficient supplies of potable drinking water are stored and an external water tank holding 22,000 litres of water was on site. The building is equipped with electrical plus in ports for an external generator in the event of a power outage. Emergency lighting was being regularly tested.</p> <p>The building is secure with access at night by swipe card and the grounds were being security patrolled each night.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits were completed on a regular basis. Residents and their families reported that staff responded promptly to call bells.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system and were being reviewed and reported on yearly. The IP and AMS is supported at governance level through the employment of an infection control specialist, a clinical workforce specialist, and a clinical educator. These personnel make sure that IP and AMS were being appropriately handled at facility level and they</p>

<p>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>support the care facilities as required. The board or the clinical governance committee of the board can access IP and AMS expertise through its infection control specialist and/or through Te Whatu Ora – Health New Zealand. The seeking of this expertise and advice follows a defined process and documented pathway that supports reporting of progress, issues and significant events to the governing body</p> <p>IP and AMS information was being discussed at executive clinical meetings, clinical governance meetings (the sub-committee of the board) and then presented to board meetings.</p> <p>A pandemic/infectious diseases response plan is documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained in its use.</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. 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. 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 resource nurse, who is a registered nurse, is responsible for overseeing and implementing the IP programme with reporting lines to senior management and to the Metlifecare national IPC lead nurse. The IPC resource nurse had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the MLC national IPC lead nurse had been sought when making decisions around procurement relevant to care delivery, procurement, and policies. There had been no facility changes or design of any new building; policy confirmed IPC advice would be sought should this occur.</p> <p>The infection prevention and control policies 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 were not being reused.</p>

		<p>There is a Pandemic Plan in place which had been tested. The service had sufficient stores of personal protective equipment available (PPE) and staff had been trained in the use.</p> <p>Cultural advice is accessed where appropriate. Metlifecare has established links to the Māori community and cultural advice and resources were available 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 were being educated about infection prevention in a manner that meets their needs. This was confirmed in resident and relative interviews.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The implemented antimicrobial policy was appropriate to the size and scope of the service and had been approved by governance. The policy which promotes responsible use of antimicrobials had 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</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 were used, and monthly surveillance data was being collated and analysed to identify any trends, possible causative factors and required actions. Ethnicity data is available; however, this had not yet been linked to the infection surveillance programme at St</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Andrews. Results of the surveillance programme are reported to management and shared with staff.</p> <p>There were 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 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>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff were following documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were being monitored for effectiveness. The laundry service was being outsourced. Plans were underway to reinstate laundry services at the sister facility in Hamilton as soon as possible, due to interruptions in the frequency of linen and personal clothing deliveries and negative resident and whanau feedback. Staff involved in cleaning or handling of dirty laundry had completed relevant training and were observed to carry out duties safely. Chemicals were being stored safely.</p> <p>Residents and whānau reported that the facility was kept clean and tidy which was confirmed by the results of internal audits of the environment. An additional four hours of cleaning time (per day) had recently been recruited to support the sole cleaner.</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>FA</p>	<p>MLC is committed to a restraint free environment in all its facilities. This is made clear in the restraint policy and associated documents. Appropriate policy and pro forma which met the requirements of this standard were available if a restraint is ever required. There were robust strategies in place to eliminate restraint use. The board clinical governance committee is responsible for the MLC restraint elimination</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance meetings and presented to the board.</p> <p>There were no restraint interventions in place at St Andrews on the days of audit, and long serving staff said there had never been any type of restraint used. Staff and the restraint coordinator confidently discussed the alternatives to restraint in use. Training records showed that all clinical and care staff had attended restraint education in the past year.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.