

Metlifecare Limited - Metlifecare Palmerston North

Introduction

This report records the results of a Partial 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:

Legal entity:	Metlifecare Limited
Premises audited:	Metlifecare Palmerston North
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 March 2023 End date: 28 March 2023
Proposed changes to current services (if any):	To reconfigure 17 care suites for dual service rest home and hospital level care at Metlifecare Palmerston North.
Total beds occupied across all premises included in the audit on the first day of the audit:	40



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

General overview of the audit

Metlifecare Palmerston North currently provides rest home and hospital level services for up to 55 residents: 38 in the main facility and 17 in serviced care suites. The care suites are certified to provide rest home level of care.

This partial provisional audit has been undertaken to establish the level of preparedness of Metlifecare Palmerston North to offer dual care services, rest home and hospital, in its care suites. The service is well placed to extend hospital level care into the care suites given it already offers this service in its main facility. The current Metlifecare Palmerston North village manager will continue to oversee day-to-day management of the facility supported by a nurse manager who is a registered nurse.

Prior to occupancy of hospital level residents into the care suites, the facility will need to show that they have staffing available to meet the proposed roster for the extended service and that there are sufficient registered nurses with syringe driver competency to support the current and new service proposed in the care suites.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The governing body will continue to assume 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, 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, and this will extend to the higher-level services in the care suites.

Proposed staffing levels and skill mix meet the cultural and clinical needs of residents and are sufficient for the reconfigured 17 beds should residents requiring hospital level care be occupying them. Staff are appointed, orientated, and managed using current good practice. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication is currently managed electronically and administered by staff competent to do so. Medication management is already in place for the care suites as part of their delivery of rest home services. This can easily be extended if hospital level residents are occupying care suites.

Medication management policies and procedures reflect current good practice and legislative requirements. There is a secure room for the storage of medication in the main facility and the temperature of this is monitored. A secure room in the care suite area is available for the storage of medication.

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

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, including new equipment purchased for the care suites. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

The care suites have been reconfigured to manage hospital level care and equipment has been purchased to support the higher level of care should the care suites be occupied by hospital level residents.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff understand emergency and security arrangements. Documentation support timely staff response to call bells. Security is maintained.

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

Metlifecare as an organisation 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 infection prevention and control resource nurse leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisations clinical governance team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and this will be extended to support higher levels of care delivered into the care suites.

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

Here taratahi | Restraint and seclusion

Not applicable to this audit.

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	10	0	2	0	0	0
Criteria	0	83	0	2	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body will continue to assume accountability for delivering a high-quality service. Māori representation at Board level is through an externally contracted service whose core business is to advise on matters affecting Māori, on appropriate policies and procedures for Māori, and mechanisms for the delivery of equitable and appropriate services for Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Equity for Pacific peoples and tāngata whaikaha is contained within a Pacific Health Plan and a Disability Policy Statement for tāngata whaikaha.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for 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</p>

	<p>organisation. The governing body has appointed an experienced and suitably qualified village manager (VM) to manage the service with the support of an experienced registered nurse manager (NM) who is responsible for clinical services. The VM and NM have both been employed within aged care for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements. Both maintain currency within the field.</p> <p>External support for te ao Māori and Pacific peoples is available in through the Te Whatu Ora Health New Zealand Te Pae Hauora O Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral), the wider Metlifecare (MLC) organisation, from staff, and national and local organisations. This is supported by health plans to include specificities aligned with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds. Staff employed by Metlifecare Palmerston North (MLC PN) have completed health equity and equality, diversity, and inclusion training in 2023.</p> <p>Metlifecare board minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the MLC board of directors showed adequate information to monitor performance is reported. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. The MLC PN management team also evaluates services through meetings with residents and their family/whānau, and through surveys from residents and families/whānau. The service already supplies these safeguards to the services being delivered in the care suites and will continue to do so if higher level of service is provided.</p> <p>The service holds contracts with Te Whatu Ora MidCentral for the provision of rest home and hospital level services and currently provides rest home and hospital level services. Services in the 17 care suites, bought under a license to occupy (LTO), are currently being provided at rest home level. The care suites have been reconfigured to support dual purpose (rest home or hospital level) services. There is also a contract for long-term support-chronic health conditions (LTS-CHC). Forty (40) residents were receiving services at the time of audit, 15 receiving rest home services (this includes four residents receiving services in the</p>
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		care suites) and 25 receiving hospital level services. No residents were receiving LTS-CHC support.
<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>	PA Low	<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 needs of residents but normally staffs to bed capacity and acuity. Staff interviewed reported there were adequate staff to complete the work allocated to them and are aware that more staff are being employed to support the care suites. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the facility.</p> <p>Staffing for the facility currently comprises of RN cover over seven days per week. There are two RNs on morning shift, supported by the NM Monday to Friday (all eight-hour shifts) and on-call. Afternoon shifts have two RNs rostered (one eight-hours and one six hours) and there is one RN on night shift (eight-hour shift). The RNs are supported by caregivers, seven in the morning (one eight-hour shift, one seven and a half hour, two six and a half, and two five, and one four hours), six in the afternoon (two eight-hour shifts, one six and a half, and three four-hours) and two on night shift (eight-hour shifts).</p> <p>Proposed rosters show that staffing will be increased to support higher levels of care in the care suites by one registered nurse (eight-hour shift) and two caregivers in the morning (both seven and a half hour shifts). In the afternoon by two caregivers (one six hours and one five and a half), and on night shift by the addition of a night porter who will be available to support the two caregivers on duty. Recruitment to fill the proposed roster has commenced (refer criterion 2.3.1).</p> <p>The service also employs a diversional therapist (DT) who covers Monday to Friday (for eight-hours). Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week. Support staff also includes a receptionist, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and</p>

		<p>additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Continuing education is planned on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency and syringe driver training. While there are sufficient nurses with interRAI competency in the service to cover hospital level care in the care suites, only four staff currently have a syringe driver competency certification; this is insufficient to provide 24/7 coverage in the current or extended service should syringe drivers be in use (refer criterion 2.3.1).</p> <p>The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE). Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver hospital level care into the care suites. There are job descriptions in place for all positions, including for restraint and IPC, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. In</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>policy, staff performance is to be reviewed after three months and then annually; this is consistently taking place.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance) dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., the nurse practitioners, the general practitioner, physiotherapist, pharmacist, podiatrist, and dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is 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. While this is already being used in the care suites to support the current rest home residents, a new medication trolley has been purchased to support the higher level of care and a space designated for its storage which is locked. Controlled medication will still be managed from one single area of the facility and will support all residents in the facility.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. All staff who administer medicines are competent to perform the function they manage.</p> <p>Prescribing practices meet requirements. An initiative aimed at reducing the number of medicines a resident is prescribed to minimise the opportunity of interactions and side effects has resulted in a decrease in polypharmacy without compromising residents' wellbeing. This was identified as an area of continuous improvement at the previous audit,</p>

		<p>and this has been maintained.</p> <p>The required three-monthly nurse practitioner (NP) review was consistently recorded on the medicine chart. Standing orders are not used at MLC PN. Self-administration of medication is facilitated at MLC PN, however there were no residents self-administering medicines at the time of audit. Residents are supported to understand their medications. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 provided at MLC PN is in line with recognised nutritional guidelines for older people. The care suites have two newly renovated areas adjacent to the suites for dining. Food is already being supplied to the area from the main kitchen, any change to the level of care in the care suites will not affect food delivery services.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu was reviewed by a qualified dietitian on 13 March 2023 with no recommendations for change made. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 26 March 2024. No areas requiring corrective action were identified.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Evidence of residents' current satisfaction with meals was verified by residents and family/whānau satisfaction surveys and resident and family/whānau meeting minutes. Residents already in the facility were noted to be 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</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,</p>

<p>safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, and all were in range. There is a process in place to identify deficits and managed remediation. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 31 August 2023.</p> <p>The current environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces within the facility are culturally inclusive, suited the needs of the resident groups and have lounge facilities with shared dining areas. Lounge areas are used for activities for residents. External areas are planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors. All rooms in the facility have ensuite toilet and handwash facilities and there are sufficient showers to maintain residents' hygiene.</p> <p>The 17 care suites, occupied under LTOs within the facility are currently certified to provide rest home level care. These have been reconfigured to provide dual (rest home and hospital) care. Room refurbishments included widening of bathroom doors, the installation of ceiling hoists in all suites. Two dining/lounge areas have also been refurbished. The care suites have ensuites which contain a walk-in shower, toilet and handbasin. The care suites also have a small kitchenette for the use of the residents and/or their family/whānau. All rooms, bathrooms, and common areas throughout the facility, including the care suites, have appropriately situated call bells.</p> <p>Residents' rooms in the main facility and the care suites are of differing size, but all allowed space for the use of mobility aids and/or moving and handling equipment (in the care suites in case of an emergency in the bathroom area where the ceiling hoist does not reach). Rooms can be personalised according to the resident's preference. All care suites</p>
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		<p>and rooms, except for three in the main facility, have external windows which can be opened for ventilation; safety catches are in place. Where rooms do not have external windows, light is supplied through glazed windows in the roof just outside of the rooms. Gas underfloor heating is in place with heat pumps for heating and cooling in communal areas, the laundry and kitchen. The care suites also have an electronic panel heater available. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents currently in residence were observed moving freely around the areas with mobility aids during the audit. Care staff interviewed stated they have adequate equipment to safely deliver care for residents, including the residents currently occupying the care suites.</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>PA Low</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 knew what to do in an emergency. The current fire evacuation plan was approved by the Fire and Emergency New Zealand (FENZ) and the requirements are reflected in the Fire and Emergency Management Scheme. The facility has not yet sought assurance that the current fire approval scheme is fit for purpose with the change of use in the care suites from rest home to rest home or hospital care (refer criterion 4.2.1). All areas have wired smoke alarms and sprinklers in situ.</p> <p>A fire evacuation drill is held six-monthly, most recently on 20 March 2023. 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. Appropriate security arrangements are in place. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</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</p>	<p>FA</p>	<p>The governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting</p>

<p>appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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>minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process and includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels through the clinical team, the clinical management team, the MLC IPC national lead, and through the clinical governance team to the MLC board. The care suites are already providing rest home care and the IPC and AMS programme is already being delivered into that area of the facility. Any change in service level will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current hospital level residents in the service.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There was a COVID-19 outbreak in January and February 2023 with 15 residents affected. The plan was reviewed post-outbreak to identify any lessons learned (no corrective action was required). There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</p> <p>All visitors and staff entering MLC PN are required to wear a mask in resident care areas, and all staff are rapid antigen tested (RAT) prior to commencing their shift.</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</p>	<p>FA</p>	<p>The IPC resource nurse is an RN (ICPRN) and is responsible for overseeing and implementing the IP programme with reporting lines to the NM, FM, the regional clinical manager (RCM) and the MLC IPC national lead. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The ICPRN is new to the role and is being supported by the previous ICPRN who is a senior RN, along with the MLC IPC national lead. The previous ICPRN and the MLC ICP national lead have the appropriate skills, knowledge and qualifications to support the new ICPRN into the</p>

<p>scope of our services.</p>		<p>role while maintaining safe IPC and AMS practices at the facility. Advice was sought from the ICPRN and MLCIPC national lead prior to and during the refurbishment of the care suites, and when making decisions around procurement relevant to care delivery, other facility changes, and policies.</p> <p>The IPC policies and procedures reflected the requirements of the standard. They are provided by MLC's clinical governance group and are based on current accepted good practice. Cultural advice is sought where appropriate. Staff were familiar with policies and procedures through education during orientation and ongoing education and were seen to follow these correctly. Policies, processes and audits ensure that reusable and shared equipment is decontaminated using best practice guidelines. Single use items are discarded after being used. Educational resources including a range of brochures which are available and accessible in te reo Māori.</p> <p>The pandemic/infectious diseases response plan is documented and was evaluated following a recent COVID-19 infection. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff are trained in its use. The IPCRN reported that residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</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>	<p>FA</p>	<p>Metlifecare as an organisation is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes. They are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme is already embedded into the care suites.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Metlifecare PN uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and at governance and clinical governance level. Surveillance data includes ethnicity data and antibiotic use. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. Results of surveillance are benchmarked with other MLC sites and reported per 1000 occupied bed days, in addition results are benchmarked to a number of other Healthcare providers in New Zealand.</p> <p>There have been three episodes of COVID-19 in 2022-2023. Two in 2022 affected individuals only and there was no incursion throughout the facility. The episode in January-February 2023 affected 15 residents. The Regional Public Health Unit (RPH) and the Te Whatu Ora MidCentral were informed of the outbreak. Investigations and appropriate interventions to minimise ongoing transmission were undertaken.</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 at MLC PN. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Staff were observed to be using this as part of their duties. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place and Material Data Safety Sheets are available to staff for emergency use. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and hand sanitisers were available throughout the facility.</p>

		<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. The IPCRN has oversight of facility testing and the monitoring programme for the facility. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Recruitment has commenced to fill the proposed roster for the delivery of hospital level care in the care suites. One RN has been employed with a start date of 11 April 2023. Recruitment for two care staff and the night porter roles has commenced. There are currently insufficient staff employed to fill the proposed roster and there are insufficient syringe driver trained staff in the service to support current needs 24/7. Four staff have syringe driver competency and a further two staff are booked to complete the course on 3 April 2023.</p>	<p>There are currently insufficient staff employed to support hospital level care in care suites and an insufficient number of RNs are competent to manage syringe drivers 24/7.</p>	<p>Provide evidence that staffing for the facility is available to meet the proposed roster for the extended service and that there are sufficient RN staff members with syringe driver competency to support the current and new service proposed in the care suites.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New</p>	PA Low	<p>The current fire evacuation plan was approved by the FENZ on 2 May 2007 and the requirements are reflected in the Fire and Emergency Management Scheme. The facility has not yet sought assurance from</p>	<p>FENZ has not approved the fire evacuation plan for the care suite change under the current scheme, granted an exemption, or</p>	<p>Provide evidence that the fire evacuation scheme has approval from FENZ prior to hospital level residents being admitted into the care suites.</p>

Zealand- approved evacuation plan.		FENZ that the current fire approval scheme is fit for purpose with the change of use in the care suites from rest home, to rest home or hospital care. There is no evidence that FENZ has approved the care suite change of use under the current scheme and granted an exemption or indicated the possible need for a new BWOFF to be issued.	indicated the possible need for a new BWOFF to be issued.	Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.