Metlifecare Retirement Villages Limited - Merivale Retirement Village

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Merivale Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 September 2023 End date: 19 September 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 41

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 haumaru │ 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

Merivale Retirement Village provides aged-related rest home and hospital level services, long-term chronic health conditions, short-term care (respite), and support care (end-of-life care) for up for up to 69 residents. The service includes 22 serviced apartments operating under aged-related residential care in occupation rights agreements (ARRC in ORA). The facility is owned and operated by Metlifecare Limited.

The facility is managed by an experienced village manager, supported by an experienced nurse manager who has clinical oversight of the facility. Residents, whānau and external health providers were complimentary of the care provided.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and contracts held with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury). It included a pre-audit review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, management, staff, and a general practitioner.

No areas requiring improvement were identified during the audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Merivale Retirement Village (Merivale) provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Merivale Retirement Village works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed.

There were no Pasifika residents in Merivale at the time of the audit; however, systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews in a culturally safe manner.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There is an ongoing complaint from the Health and Disability Commissioner which was received in 2020 that remains open. The service has responded to the Health and

Disability Commissioner in a timely manner. There are processes in place to ensure that the complaints process works equitably for Māori.

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.

Merivale Retirement Village is governed by Metlifecare Limited. The executive and governance teams work with senior managers at Merivale Retirement Village to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends that 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.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, was not on public display, or 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 residents were admitted to Merivale Retirement Village a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

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

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

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

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

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

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

The Metlifecare Limited clinical governance team and the senior care team at Merivale Retirement Village ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events.

An experienced and trained infection control nurse (ICN) leads the programme at Merivale Retirement Village to ensure the safety of residents, staff, and visitors. The infection prevention (IP) and antimicrobial stewardship (AMS) programme was appropriate to the size and complexity of the service, was adequately resourced, and the ICN was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Merivale Retirement Village had an approved infection control and pandemic plan. 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 was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

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

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews is in place should this be required.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Metlifecare (MLC) Merivale Retirement Village (Merivale) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake (self-determination) is respected. Merivale works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Processes were in place to ensure that Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Relationships had been established with local Māori communities (refer subsection 1.3). There were no residents identifying as Māori in the service during the audit. A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. The plan documents a culturally appropriate model of care to guide culturally safe services for Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans

		included the physical, spiritual, whānau, and psychological health of the residents. An iwi referral form is available for staff to use to refer Māori residents to appropriate supports. Policies in place are clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Metlifecare (MLC) supports increasing Māori capacity in the service by employing Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and national level. There were staff who identified as Māori employed by the service at the time of audit.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	MLC identifies and works in partnership with Pacific communities at facility, executive and board level. There is a Pacific health plan in place to address appropriate care and equity for Pacific peoples and to support culturally safe practices. There were no Pasifika residents receiving care at the time of audit. Should a Pasifika resident be admitted to the facility, the facility has Pasifika-specific plans for managing care so that their needs can be adequately met. There are two models available for use at the facility, the Fonafale and the Te Vaka Atafaga models. Residents and their whānau can choose the model that best represents the care they wish to receive. There is support for Pasifika residents via staff who identify with differing Pacific peoples. Staff speak several Pasifika languages. Relationships have been established with local Pasifika communities (refer subsection 1.3). Interview with the organisation's managers and governance representative confirmed that they are aware of their responsibility to support equity for Pacific peoples. There is a Pasifika non-executive board member on the MLC board to advise the board on matters pertaining to Pasifika. The service supports increasing Pasifika staff capacity by employing Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were staff who identify as Pasifika in the organisation, some of whom were in leadership and/or training positions.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters around the facility in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) were displayed in the reception area, in English and te reo Māori. Staff knew how to access the Code in other languages should this be required. Staff interviewed understood the requirements of the Code and the availability of the Advocacy Service and were seen supporting residents of Merivale in accordance with their wishes. Merivale recognised mana motuhake. Interviews with four visitors, who visit regularly, confirmed staff were respectful and considerate of residents' rights. Merivale had a range of cultural diversity in their staff mix, and staff can assist if interpreter assistance is required. Merivale also had access to interpreter services and cultural advisors/advocates if required. Relationships have been established with Māori communities (Te Wai Pounamu Māori Cultural Centre, Springfield Marae, Wheke Rapeki Marae, Papanui High School (art and music department), and through an independent Māori support person from the local community). Relationships have also been established with Pasifika communities and through local Pasifika support services (the Samoan Seventh Day Adventist Church, the Samoan Congregational Church, Tāngata Atumotu Trust, the Canterbury Fiji Social Services, and Etū Pasifika Canterbury which provides health and wellbeing and whānau ora services). Māori advisors had assisted at all levels of the facility's operations to ensure more equitable service for Māori were provided.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their	FA	Merivale supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi meant to their practice

experiences.		with te reo Māori and tikanga Māori being promoted. All staff working at Merivale were educated in Te Tiriti o Waitangi, cultural diversity, cultural safety, and health equity. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori and the facility's cultural advisor. Documentation in the care plan of a past resident who identified as Māori acknowledged the resident's cultural identity and individuality. Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Merivale responded to tāngata whaikaha needs and enabled all residents the opportunity to participate in te ao Māori. Training on the ageing process, diversity, and inclusion included training on support for people with disabilities.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Employment practices at Merivale included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained. A holistic model of health at Merivale was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Nine residents and six whānau members interviewed expressed satisfaction with the services provided at Merivale.

Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Merivale residents and their whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. All meetings were opened and closed with a karakia. Resident and whānau meetings at Merivale were held regularly, in addition to regular contacts with whānau by emails, telephone calls, an 'open door' policy of the village manager (VM), and the nurse manager (NM) kept whānau informed. A notification on the notice boards advised when events were being held. The VM and NM were onsite and accessible most days. Evidence was sighted of residents communicating with all staff, including the VM and NM. Residents' whānau and staff reported the VM and NM responded promptly to any suggestions or concerns. Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.
Subsection 1.7: I am informed and able to make choices 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. 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.	FA	Residents at Merivale and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. A staff member who identified as Māori and an independent cultural advisor assisted other staff to support cultural practice. Evidence was

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.		sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kaumatua from the Wheke Rapaki Marae was available to support and advise if needed.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Advocacy information was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted for one complaint received in the last 12 months showed that the complaint had been addressed in a timely manner and that the complainant had been informed of the outcome of their complaint. There had been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). A complaint was received via the Office of the Health and Disability Commissioner (HDC) to the previous owners of the facility in 2020 (prior to the purchase of Merivale by Metlifecare). The HDC had requested information in respect of the complaint, and this was provided in a timely manner. The HDC has now issued a preliminary opinion on the complaint (dated 28 August 2023) and have given Merivale the opportunity to respond. The complaint remains open.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in	FA	The governing body assumes 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

partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. 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.		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. The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing of performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into levels of practice for all residents. There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified VM who is a registered nurse (RN) to manage the service with the support of a NM, the MLC regional clinical manager (RCM) and the MLC clinical director, who is part of the executive team. External support for te ao Māori and Pacific peoples is available through the wider MLC organisation, from staff, and from local organisations. Metlifecare board minutes sighted 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. The VM and the NM are experienced in aged-care and disability services, and both were able to confirm knowledge of the sector, including regulatory and reporting requirements. The Merivale management team works with staff to meet the requirements of relevant standards and legislation. 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. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample of reports reviewed showed information to monitor performance is reported. The Merivale management team also evaluates services

		through meetings with residents and their whānau, through surveys from residents and whānau and from staff, making relevant changes where shortfalls are identified, or new ideas elicited. Staff employed by Merivale have completed Te Tiriti o Waitangi, health equity, cultural competency, and diversity and inclusion training in 2023. The service holds contracts with Te Whatu Ora Waitaha Canterbury for the provision of age-related residential care (ARRC) services at rest home and hospital level, short term (respite) care, and long-term support – chronic health conditions (LTS-CHC) care. Twenty-two (22) rooms are available under ARRC in ORA agreements. Forty-one (41) residents were receiving services at the time of audit, 18 receiving rest home services (one of which was in an ARRC in ORA serviced apartment), and 23 receiving hospital level services; no residents were receiving services under the respite or LTS-CHC contracts.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the monitoring and/or management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, wounds, medication errors, polypharmacy, and antipsychotic use. Relevant corrective actions are developed and implemented to address any shortfalls, and progress against quality outcomes is evaluated. Policies and procedures are in place to manage any potential inequity in the service. The VM and NM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori. Residents, whānau, and staff contribute to quality improvement through

		the ability to give feedback at meetings and through surveys. Outcomes from the last resident and whānau satisfaction survey (2023) were favourable. Three areas of improvement were identified in relation to food, whānau engagement, and activities, and these have been addressed. Staff document adverse and near-miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Information collected is analysed according to ethnicity to contribute to MLC equity information gathering, to assist with the promotion of equitable services. The VM and NM are aware of reporting requirements and have complied with essential notification reporting requirements. There has been one section 31 notification completed since the last audit. This related to a pressure injury (the resident entered the service with the injury). Staff have input into the quality programme through the RN, care staff, and allied staff quality meetings, health and safety, infection control, and restraint meetings. These ensure that quality data is communicated and discussed. Minutes of meetings sighted confirmed that issues raised are acted upon. Corrective action plans are documented following each meeting, detailing actions to be taken, and these are signed off by the VM or CM once completed.
Subsection 2.3: Service management 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	FA	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) using an acuity spreadsheet. The facility adjusts staffing levels to meet the needs of residents but normally staff to bed capacity. Staffing for residents in the serviced apartments is integrated into the staffing for the facility. Caregivers interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid

managed to deliver effective person-centred and whānau-centred services.		certificate. There is RN coverage in the facility 24 hours per day/seven days per week (24/7). Position descriptions reflected the role of the respective position and expected behaviours and values. There are two RNs rostered to work a morning shift, with one on afternoon and night duty. The RNs are supported by the VM and NM (both of whom are RNs) Monday-Friday. Operational on-call is managed by the VM and clinical by the NM and two senior RNs (week about). The NM covers the VM when on leave and vice versa. The RNs are supported by caregivers; eight in the morning (one is a caregiver team leader); seven in the afternoon (one is a caregiver team leader); and three on night shift (one caregiver is available to answer emergency calls in the adjacent retirement village). The service also employs a diversional therapist (DT) and two activities coordinators (AC) who work Monday-Saturday. Cleaning, laundry, and food services are carried out by dedicated staff seven days per week. Support staff include administration, maintenance, and gardening staff. Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC), or restraint portfolio. Continuing education is planned on a biannual basis and delivered annually. It outlines mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. The education programme is delivered via an electronic education portal and through study days to ensure that all mandatory training requirements are captured. The service has embedded cultural values and competency in their training programmes, including health equity, cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Related competencies (e.g., medication management, manual handling, hoist training, chemical safety, food handling, the use of personal protective equipment (PPE), emergency management including fire drills) are assessed and support safe and equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. The service supports and encourages

		caregivers to obtain a New Zealand Qualification Authority (NZQA) health and wellbeing qualification. There were 19 level four (senior) caregivers in the service and eight who had achieved level three. The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, meetings, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.
Subsection 2.4: Health care and support workers 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. 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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff education and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved. A sample of eight staff records were reviewed (the NM, one SRN, one RN, one caregiver team leader, one caregiver, one chef, one cleaner, and one maintenance staff member), evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed orientation. Orientation packages are comprehensive and cover all the facility information and competencies required by the person in their position (eg, fire and emergency management, moving and handling, medication, chemicals etc.) Staff performance is reviewed and discussed at regular intervals. Staff reported having input into their performance appraisals and this was noted in the performance appraisals viewed. Staff information is secure and accessible only to those authorised to use it. Ethnicity data is recorded and used in line with health information standards. The service understands its obligations to recruit in line with the Ngā Paerewa standard. Metlifecare is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including in leadership and training roles) dependent on vacancies and applicants. Merivale

		has both Māori and Pasifika staff employed. A register of practising certificates is maintained for RNs and associated health contractors (eg, the general practitioner (GP), nurse practitioner, physiotherapist, pharmacists, podiatrist, and dietician). The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented. Staff interviewed described the VM, NM, and SRNs as being very supportive. Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to education to support wellness, wellness days (three per year), birthday leave, health insurance, and independent counselling services.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	Merivale maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Information held electronically was username and password protected. Any paper-based records were held securely, were only available to authorised users, and were held only for the required period before being destroyed. No personal or private resident information was on public display during the audit. 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. Consent was sighted for data collection. Data collected included ethnicity data. Merivale is not responsible for the National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.	FA	Residents were welcomed into Merivale when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service, as requiring the level of care Merivale provided and had chosen Merivale to provide the services they require. When interviewed, whānau members stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements.

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.		Merivale collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau. Merivale had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local marae. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Merivale, several residents had requested another provider to manage their medical needs, and this had been facilitated.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team at Merivale worked in partnership with the resident and their whānau to support the resident's wellbeing. Nine residents' files were reviewed: four hospital files, four rest home files, and the file of a resident who had identified as Māori who was, however, no longer a resident at Merivale. These files included residents residing in a serviced apartment and receiving care, residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who had had a fall, and residents with complex nutritional needs. The nine files reviewed verified that a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, neurological observations taken, oversight by the RN, and notification to the resident's family. Residents with long-standing wounds had wound assessments, which included photos, a wound management plan and documentation that verified treatment was

		provided in accordance with the plan and best practice guidelines. Input from the wound care nurse had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. The file reviewed of a past resident who identified as Māori verified Merivale's commitment to implementing a Māori model of care, enabling equity, and meeting the cultural needs of the resident, including the request for the use of traditional Māori medicines in some aspects of care. Short-term care plans were in place in three of the files reviewed where short-term problems had been identified and interventions to address the problems were evidenced. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Merivale's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.
Subsection 3.3: Individualised activities 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	FA	The activities coordinator and activities assistants at Merivale provided a diverse activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Activities included visits by school and preschool groups, van outings to museums, art galleries,

unplanned, which are suitable for their age and stage and are satisfying to them.		the shops, the beach, and other places of interest. Art classes were provided by a Japanese artist and the residents' artwork is displayed at a local exhibition. On the days of audit Merivale's residents were acknowledging mental health week and were undertaking activities to enhance a person's mental wellbeing. Opportunities for Māori and whānau to participate in te ao Māori were provided. There was signage all around the facility in Māori, in addition to common words, themes and photographs in recognition of Māori Language Week which was being recognised. Māori Language Week included opportunities for residents to learn te reo Māori, learn about Te Tiriti o Waitangi, sing Māori songs, make poi, and do flax weaving. The local school participated in activities at Merivale and had donated a Korowai (Māori cloak) to the facility, that they had made. The Korowai depicted life fulfilment, confidence, and spiritual harmony. It hung on the wall in the care facility. Matariki was celebrated with staff dressing up and depicting the nine stars. Each residents' meeting commenced and ended with a karakia. Merivale also celebrated Pasifika weeks, including Samoan week, Tongan week, and Fijian week, in addition to several other cultural days. Residents and their whānau were involved in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs. Observations and interviews evidenced residents and their whānau were satisfied with the activities provided at Merivale.
Subsection 3.4: My medication 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 current legislative requirements and safe practice guidelines.	FA	The medication management policy at Merivale was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events. Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.

		Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site. Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Merivale. Processes are in place at Merivale to allow residents to self-administer medication. This is facilitated and managed when requested, however there were no residents self-administering medicines on the days of audit. Systems were in place to ensure residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service provided at Merivale was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in August 2022. Recommendations made at that time had been implemented. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Merivale in July 2022. One area requiring corrective action around training records was identified. This had been addressed and the plan was verified for 18 months. The plan is due for re-audit January 2024. Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. There is a Māori and Pasifika-inspired menu option available to residents. Interviews, observations, and documentation verified residents were satisfied with the meals provided, except for the verbal comment made

		by a whānau member re: a resident's specific nutritional needs not being met (refer subsection 3.2). Evidence of residents' satisfaction with meals was verified by residents and whānau interview, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. The cook, on both days of audit, was observed to ask residents after they had eaten whether they had enjoyed their meal. No comments of dissatisfaction were made. A residents' café is provided on site, where residents and their whānau have access to food and selected coffees/teas at any time of the day at no cost.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well informed throughout the process. Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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	FA	Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures all equipment is maintained, serviced and safe. The programme includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and all within normal limits. There are environmental and building compliance audits, completed as part of the internal audit schedule.

of belonging, independence, interaction, and function.		The building has a building warrant of fitness which expires on 1 April 2024. There are currently no plans for further building projects requiring consultation, but the directors of MLC were aware of the requirement to consult and co-design with Māori if this was envisaged. The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. Each area has lounge facilities with a shared dining area. Lounge areas are used for activities for residents. There are smaller places available to residents and their whānau for quiet reflection. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the facility during the audit. External areas are planted and landscaped with appropriate seating and shade. Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to each resident's preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. All rooms have ensuites. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for staff and for visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected	FA	The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 1 April 2019 and the requirements of this are reflected in the Fire and Emergency Management Scheme. The plan requires that a fire evacuation drill be held six-monthly; the most recent drill was held on 17 August 2023. Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.

event.		Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff have been trained and knew what to do in an emergency. All RNs have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing name badges and uniforms during the audit. Call bells alert staff to residents requiring assistance and these were noted to be accessible and within reach of residents and staff. Residents and whānau interviewed during the audit reported staff respond promptly to call bells. Appropriate security arrangements are in place including an overnight security patrol.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials 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.	FA	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 minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (eg, COVID-19, respiratory and gastrointestinal infections) and any corrective actions arising from deficits identified post infection. 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, and through the clinical governance team. 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. Merivale has IP and AMS outlined in its policy documents. Infection prevention and AMS information is discussed at facility level through the clinical team, the clinical management team, and through the clinical governance team. Information is aggregated and reported to the

		board at board meetings; significant events are reported to the clinical advisory group immediately. Data on infections and antibiotic use includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waitaha Canterbury. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in their use.
Subsection 5.2: The infection prevention programme and implementation 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.	FA	The infection control nurse (ICN) at Merivale was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the NM. The IP and AMS programmes were linked to the quality improvement programme that is reviewed and reported annually. The ICN had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies. The IPC policies reflect the requirements of the standard and were provided by MLC's national IPC lead. Cultural advice at Merivale was accessed via the organisation's Māori advisors, local marae, staff who identified as Māori, and the independent cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were accessible and understandable for Māori accessing services. The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal

		protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their whānau were educated about infection prevention in a manner that met their needs.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	Merivale has a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Merivale has undertaken surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Merivale used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management, the governing body, and shared with staff. Surveillance data includes ethnicity data. Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and	FA	A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Merivale. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed

environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and liquid hand sanitisers were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. All laundry at Merivale was laundered on-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of	FA	Merivale is a restraint-free environment. Restraint has not been used in the facility since 2019. The VM and NM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a restraint-free environment. There were no residents using restraint during the audit. Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the NM who

restraint in the context of aiming for elimination.		is an RN and who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation. The RC in consultation with the VM and the multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. The restraint committee continues to maintain a restraint register and this includes enough information to provide an auditable record should restraint again be used. The committee also undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Given no restraint has been used since at least 2015, subsections 6.2 and 6.3 are not applicable and have not been audited.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.