

Metlifecare Retirement Villages Limited - Greenwich Gardens Care Home

Introduction

This report records the results of a Surveillance 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

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| Legal entity: | Metlifecare Retirement Villages Limited |
| Premises audited: | Greenwich Gardens Care Home |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 24 April 2024 End date: 24 April 2024 |
| 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: | 56 |



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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service are fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service are 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 are partially attained and of low risk |

| Indicator | Description | Definition |
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| | A number of shortfalls that require specific action to address | Some subsections applicable to this service are 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 are unattained and of moderate or high risk |

General overview of the audit

Metlifecare Greenwich Gardens provides rest home and hospital services for up to 73 residents. Since the previous certification audit, 16 care suites have been reconfigured from serviced apartments to provide age-related residential rest home and hospital care under an occupation rights agreement (ARRC in ORA). Nine of the 16 are configured to support dual occupancy. There have been no further changes to the service or facilities since the partial provisional audit completed prior to the reconfiguration.

This surveillance audit process included review of relevant policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, managers, staff, and a general practitioner.

Three areas requiring improvement were identified at the last (partial provisional) audit. These related to staffing for the extended service, orientation of new staff to cater for the extended service, and evidence of a certificate of public use for the new care suites. These have been addressed. No areas requiring improvement were identified during this audit.

Ō tātou 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 are fully attained.

Metlifecare Greenwich Gardens provides an environment that supports 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, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Systems were in place to ensure Māori would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). There are processes in place to ensure that Pacific peoples can be provided with services that recognise their worldviews and are culturally safe.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances were respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures was gained appropriately.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Subsections applicable to this service are fully attained. |
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance was monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided by Metlifecare Greenwich Gardens.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. 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 were 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 was monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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 are fully attained.

Residents were assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs and routines. Interventions were appropriate and evaluated promptly.

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

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

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

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

Includes two 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 are fully attained.

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

There have been no further changes to the building or evacuation planning since the previous (partial provisional) audit.

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

Includes five 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 are fully attained.

Metlifecare Greenwich Gardens governing body ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

Orientation and ongoing education of staff in infection prevention and control is maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the outbreak plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. All infection outbreaks were managed according to Manatū Hauora guidelines.

Here taratahi | Restraint and seclusion

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| Includes four 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 are fully attained. |
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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, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator who is a registered nurse manages the process. Staff have received education on least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques.

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 | 18 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 49 | 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) |
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| 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.

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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Metlifecare Greenwich Gardens (Greenwich Gardens) 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 documented values. A Māori health plan using Te Whare Tapa Whā care model has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were Māori residents in the facility during the audit. Cultural consideration relevant to the residents was documented in care planning. Mana motuhake (self-determination) is respected for all residents, and this was confirmed through interviews with residents and their whānau.</p> <p>The service has links for Māori health support through Te Whatu Ora - Health New Zealand Waitematā (Te Whatu Ora Waitematā), and other tāngata and (local) mana whenua organisations and can access kaumātua as required.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p> | FA | <p>Greenwich Gardens identifies and works in partnership with Pacific communities. There is a Pacific health plan to address appropriate care and equity for Pacific peoples and to support culturally safe practices. Interview with the organisation's managers and governance</p> |

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| <p>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.</p> | | <p>representative confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>There were no residents of Pasifika descent receiving care at the time of audit; however, there is a process in place to ensure Pasifika residents can have their worldview, cultural and spiritual beliefs embraced. The facility utilises either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. There is support for Pasifika residents through local Pasifika organisations.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others. 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.</p> | FA | <p>All staff interviewed at Greenwich Gardens understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service, and confirmed they were provided with opportunities to discuss and clarify their rights.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>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.</p> | FA | <p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreements. Education on abuse and neglect was provided to staff in 2023. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The senior registered nurse (SRN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy</p> |

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| | | applies to all staff, contractors, visitors, and residents. |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Residents and whānau expressed satisfaction with the consent process in place.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | FA | <p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for three complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. One further (recent) complaint has been made, and this is currently being addressed.</p> <p>There have been no complaints received from Māori residents; however, there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no complaints received from external sources since the previous certification audit.</p> |

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| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha.</p> <p>Metlifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into strategic and business documents, and into policy and procedure.</p> <p>Metlifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals, and this is in use at Greenwich Gardens. The plan supports equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Metlifecare reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Greenwich Gardens services, and cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected and analysed to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Greenwich Gardens. Information from internal data collection (e.g., adverse events, infections and antimicrobial use, complaints, internal audit activities, and restraint use) is aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information and equipment (eg, information in other languages for the Code of Rights, complaints documentation, infection prevention and control, and equipment to support mobility). Greenwich Gardens utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> |

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| | | <p>The clinical governance structure in place is appropriate to the size and complexity of the service. The regional clinical manager is currently acting as the nurse manager (ANM) at Greenwich Gardens pending the recruitment of a new nurse manager. The ANM confirmed knowledge of the sector, regulatory and reporting requirements, and they maintain currency within the field.</p> <p>The service holds contracts with Te Whatu Ora Waitematā for the provision of age-related residential rest home and hospital care and short-term residential care. The service also holds contracts for respite (short-term) care, for long term support-chronic health conditions (LTS-CHC), and for residents receiving care under an Accident Compensation Corporation (ACC) contract. Since the previous certification audit, sixteen (16) suites have been reconfigured from serviced apartments to provide age-related residential rest home and hospital care under an occupation rights agreement (ARRC in ORA). Nine of the 16 are configured to support dual occupancy. During the audit, 56 residents were receiving services in 53 rooms (three rooms were double occupied); 19 were receiving rest home services (two respite) and 37 hospital level services (one under an ACC contract).</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of adverse events/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), compliments and complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity was occurring with appropriate follow-up and reporting. A Māori health plan guided care for Māori.</p> <p>The ANM interviewed understood the processes for the identification,</p> |

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| | | <p>documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner.</p> <p>The ANM understood and has complied with essential notification reporting requirements. There has been one section 31 notification completed since the last audit related to the change of clinical manager when the previous NM left the service.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The previous (partial provisional) audit identified that staffing was incomplete for the facility to meet the proposed roster for the extended service following the reconfiguration of serviced apartments to care suites; this has been addressed.</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Care staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed reported that staff respond quickly to requests for service. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the facility.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies were assessed and support equitable service delivery.</p> |

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| | | Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waitematā. |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <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.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses (RNs) and associated health contractors (a GP, ten pharmacists, two physiotherapists, a podiatrist, an occupational therapist (OT), and two dietitians).</p> <p>Six staff records were reviewed. A finding at the previous (partial provisional) audit identified that staff entering into the service to support the reconfigured care suites would need to be orientated to the new work area and emergency management procedures; this has been addressed. Evidence of completed orientation was sighted in all six records reviewed. A sample of three staff records of staff employed since the previous (partial provisional) audit evidenced completed induction and orientation, including emergency management orientation. Staff reported that the induction and orientation programme prepared them for their role and that there was support available to them to address any gaps in their knowledge following the orientation process. Caregiving staff orientation aligns with the level two New Zealand Qualification Authority (NZQA) health and wellbeing qualification.</p> <p>Staff performance was reviewed and discussed at regular intervals. Review of the six staff showed that staff performance was being reviewed after three months for newly employed staff and then annually. Performance appraisal activity was confirmed through interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p> |
| Subsection 3.2: My pathway to wellbeing | FA | All six residents' files sampled at Greenwich Gardens identified that initial assessments and initial care plans were resident centred, and these were |

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| <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>completed on admission. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and the Enduring Power Of Attorney (EPOA) or whānau. All interRAI assessments reviewed were current. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, EPOA, whānau, and GP involvement is encouraged in the plan of care.</p> <p>The GP had completed the residents' medical admissions within the required timeframes and had conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The SRN reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the registered nurses (RNs); this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau were included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> |
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| <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. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for PRN medications. Allergies were indicated, and all resident photographs uploaded onto the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current and completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error; corrective actions were acted upon, and staff were required to reflect on their practice. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine refrigerators and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The RN was observed administering medications safely and correctly in their respective departments. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</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>FA</p> | <p>The kitchen service complies with current food safety legislation and guidelines. All food and baking was prepared and cooked on site. There was an approved food control plan which expires on 3 December 2024.</p> <p>Diets were modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given the option of choosing a menu they want; a number of choices are offered</p> |

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| <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | | <p>each day. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives were catered for as required. Snacks and drinks were available for residents throughout the day and night when required.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. The building has a warrant of fitness which expires on 28 July 2024. The previous audit required that a certificate of public use (CPU) be obtained prior to residents entering the reconfigured care suites. This was applied for by Greenwich Gardens at the completion of the reconfiguration. Greenwich Gardens was subsequently advised by Auckland City Council that they deemed the project 'not a public space' and advised that a CPU was not required (email 12 September 2023). Greenwich Gardens provided the Auckland City Council with a copy of the final building inspection conducted on 20 August 2023. The inspection summary advised that the final inspection had 'passed' requirements. A Council Code of Compliance was subsequently received for the service. This addresses the issue of building compliance highlighted in the previous audit. There have been no further changes to the building or</p> |

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| | | <p>evacuation planning requirements.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were being completed for resident areas; these were sighted. Where temperatures were outside the recommended temperature range, documentation showed that these had been addressed.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the clinical governance group and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standard and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</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,</p> | FA | <p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. All infection data was reported to the governing body.</p> <p>Infection prevention audits were completed including cleaning, laundry,</p> |

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| <p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | | <p>personal protective equipment (PPE), donning and doffing of PPE, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking was completed with other Metlifecare facilities.</p> <p>There were COVID-19 infection outbreaks since the previous audit in April 2023, December 2023, and January 2024. These were managed in accordance with the pandemic plan with appropriate notification completed.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>Metlifecare is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. Greenwich Gardens has been restraint-free since 2020. There were strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., intentional use of high/low beds and sensor mats). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board. The restraint elimination policy was available on Metlifecare's intranet for all staff to read.</p> <p>Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme. Staff have been trained 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 2023 education programme. This was confirmed at interview with staff. Staff were knowledgeable about the restraint process despite there having been no restraint used in the facility for a number of years.</p> <p>Staff interviewed reported that their input into residents at risk was welcomed at staff meetings. The ANM confirmed that issues were</p> |

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| | | discussed at staff quality meetings; meeting minutes were sighted and confirmed this. The ANM confirmed that there was a clear process for the escalation of any issues which was consistent with policy. |
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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.

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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 audit.

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End of the report.