

# Metlifecare Retirement Villages Limited - Gulf Rise

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## Introduction

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

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

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

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Gulf Rise
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 21 August 2023 End date: 21 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	0

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Metlifecare Gulf Rise Care Home (Gulf Rise) is a newly built care facility situated in Red Beach on the Hibiscus Coast, north of Auckland. The new facility has developed 36 care suites, comprising of 13 secure dementia care beds situated on the ground floor of the building, and 23 dual-purpose (rest home and hospital services) on the first and second floors of the building. It is proposed that one of the rooms (on the third floor of the building) be designated as appropriate for a couple (double occupancy) and this was supported when viewed onsite.

This partial provisional audit has been undertaken to establish the level of preparedness of Metlifecare Gulf Rise to accept residents into the facility. The dual-purpose and secure dementia care suites will be operated under an aged-related residential care (ARRC) contract with residents entering into an occupation right agreement (ORA). Metlifecare has employed a village manager who will oversee the adjacent retirement village, supported by a nurse manager who is a registered nurse with aged-care experience, who will oversee day-to-day management of the care facility.

Prior to occupancy of residents into the care suites, the facility will need to show that they have staffing available to meet the proposed roster for the services, including for dementia care twenty-four hours per day, seven days per week. They will also need to ensure that any new staff have been fully orientated into the service, and that the required competencies have been completed. The facility will also require a certificate of public use for the proposed care suites and realignment of laundry services to provide safe separation of clean and unclean laundry.

## **Ō tatou motika | Our rights**

Not applicable to this audit.

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

The Metlifecare governing body will assume accountability for delivering a high-quality service at Gulf Rise. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities). The facility has been designed in consultation with Māori and has used Te Aranga Māori design principles in the build.

The purpose, values, direction, scope, and goals for the organisation have been planned and defined. There is a process in place to ensure that performance is monitored and reviewed at planned intervals.

Proposed staffing levels and skill mix, outlined in the transition plan, are sufficient for the proposed dual purpose and dementia care suites. The suites have been designed to meet the cultural and clinical needs of residents, including residents in the proposed secure dementia unit. There is a process already in place through the Metlifecare support office to ensure that staff are appointed, orientated, and managed using current good practice and this has been used in the recruitment of staff for the facility. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery. A general practitioner service has been contracted to manage residents' medical needs.

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

Medication management policies and procedures are in place to support the safe delivery of rest home, hospital, and secure dementia care services. Policies and procedures reflect current good practice and legislative requirements. Medication will be managed electronically and the equipment to manage this has already been purchased. There is a process in place to ensure that medication will be administered by staff competent to do so.

There are three secure rooms (one on each floor) for the storage of medication in the proposed care suite areas and the temperature of these, and refrigeration equipment, is already being monitored. Controlled medication will be kept in the care delivery area on the first floor but will be accessible to residents in other areas as required.

Plans are in place to ensure residents will be supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Food services will be supplied from a kitchen within the facility. Menus are in place that meet the nutritional needs of the residents with special cultural needs catered for. Food will be made available to residents in the dementia unit twenty-four hours per day/seven days per week. There are processes in place to make sure food is safely managed.

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

The facility is new and has been designed to meet the needs of rest home, hospital, and secure dementia unit residents. Electrical equipment has been tested as required, including new equipment and biomedical equipment purchased for the proposed care suites. External areas are safe and accessible and meet the needs of people with disabilities. The dementia unit has a secure garden area available to the residents for leisure activities.

The new facility care suites, across the three floors, are well-appointed. Care suites on the first and second floors have ceiling hoists in place to assist with caring for residents who require such equipment. One room is suitable for occupancy by two people if this service is required. Care suites in the dementia care area are secured with swipe access cards for entry.

The nurse manager understood emergency procedures for the site, use of emergency equipment and supplies. There is a process in place to ensure any new staff have the appropriate training once recruited through the orientation programme. Annual competency thereafter takes place through a training programme which is already well established in the Metlifecare organisation. The fire and emergency plan has been ratified by Fire and Emergency New Zealand (FENZ). There are sufficient supplies available for a civil defence emergency. Call bells are in place. Security is maintained.

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

Metlifecare, as an organisation, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. An infection prevention and control resource nurse will lead the programme with the support of the Metlifecare national infection prevention and control lead. Until other registered nurses have been orientated into the service, this role will be undertaken by the nurse manager employed for the service. Both the infection prevention and control resource nurse and the Metlifecare national infection prevention and control lead are involved in procurement processes and have been involved in the service configuration at Gulf Rise.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team, which includes the national infection control lead nurse and a geriatrician, have approved the infection control and pandemic plan. People working on the site were noted to be carrying out good principles and practice around infection control. The nurse manager was familiar with the pandemic/infectious diseases response plan, which has been specifically written to assist Gulf Rise to manage in an emergency situation.

There are processes in place through the wider Metlifecare organisation to ensure that aged care specific infection surveillance is undertaken with follow-up action taken as required. This will support residents in the proposed care suites once people are resident.

The environment supports prevention and transmission of infections. There are processes in place to make sure cleaning and waste and hazardous substances can be well managed.

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

The service is planned as a restraint free environment. This is supported by the governing body and policies and procedures. A comprehensive assessment, approval, and monitoring process, with regular reviews is available to staff at Gulf Rise should restraint be required. The nurse manager, currently employed as the restraint coordinator, demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative interventions. Restraint will be part of the performance reporting required by Metlifecare and any restraint use will be reported to the governing body.

## 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	7	0	6	1	0	0
Criteria	0	83	0	6	1	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Metlifecare will assume accountability for delivering a high-quality service at Metlifecare Gulf Rise (Gulf Rise). Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori have been managed in consultation with an external service, contracted to Metlifecare, whose core business is to advise on matters affecting Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Means to support equity for Pacific peoples and tāngata whaikaha (people with disability) is contained within a Pacific health plan and a tāngata whaikaha – people with a disability policy.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and performance review requirements at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into practice for all residents.</p>

	<p>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 village manager (VM) to manage the Gulf Rise village, with the support of an experienced registered nurse manager (NM) who is responsible for clinical services. The NM has been employed within aged care for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples is available through Te Whatu Ora - Health New Zealand Waitematā (Te Whatu Ora Waitematā), the wider Metlifecare organisation, and from national and local organisations. The beginnings of a relationship have been forged with Te Herenga Waka o Orewa (a local Māori healthcare provider) to assist in the support for any Māori residents who enter the service. This is supported by health plans to include specificities aligned with Te Whare Tapa Whā (for Māori) and Ola Manuia (for Pasifika), as well as peoples from other ethnic backgrounds. The NM employed by Gulf Rise has completed Te Tiriti o Waitangi, health equity and equality, diversity, and inclusion training, and this is included in orientation documentation and competencies for new staff employed into the service.</p> <p>Metlifecare board meeting minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the Metlifecare board of directors showed adequate information to monitor performance is reported. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. Gulf Rise will contribute information through the established reporting channels to board reports once residents are admitted to the service.</p> <p>The Gulf Rise management team also has processes in place to evaluate services through meetings with residents and their whānau, and through surveys from residents and whānau. Metlifecare already supplies these safeguards to services being delivered in other care homes and will extend this to Gulf Rise when there are residents present.</p> <p>Te Whatu Ora Waitematā are supportive of the new facility and its</p>
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		<p>provision of 13 secure dementia care and 23 dual purpose (rest home or hospital level care) care suites. With one care suite which can accommodate two (consenting) residents, resident numbers are proposed as 13 secure dementia care residents and 24 dual service (rest home or hospital) residents, 37 residents in total. Care suites will be purchased under an occupational rights agreement (ORA) with care delivered under an aged-related residential care contract (ARRC in ORA). There are no ARRC services being provided in the proposed care suites currently.</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>PA Low</p>	<p>There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) through a transition plan. The transition plan outlines a process to adjust staffing levels to meet the needs of residents as they are admitted to the facility and thereafter through bed occupancy and resident acuity. The NM has a current first aid certificate and the three registered nurses and 12 caregivers, already recruited to the service, will undertake first aid training in September 2023, and prior to any residents being admitted into the facility (refer criterion 4.2.4).</p> <p>Metlifecare has a sound recruitment process in place managed at facility level and through the Metlifecare support office. The roster for the facility comprises of RN cover 24 hours per day/seven days per week (24/7) with the support of a NM (who is an RN) and a senior RN (who has been recruited). The RNs will be supported by caregivers, 12 of whom have already been recruited. The transition plan shows how staffing will be increased dependent on admissions (refer criterion 2.3.1). Staff appointed to work in the dementia care area will either already have the requisite training to work in the area, or they will be registered for the training as they are recruited (refer criterion 2.3.1). The service will also employ activities coordinators who will provide recreation activities seven days per week with specific emphasis on activities into the secure dementia care area (refer criteria 3.3.1). Domestic (cleaning and laundry) services will be carried out by dedicated support staff seven days per week. Food services are already in place servicing the adjacent retirement village, these will be extended to include the care suites.</p>

		<p>Metlifecare has a formal orientation process for all staff that includes competencies dependent on the role. All staff are required to have cultural competence as part of the orientation process; cultural competency includes equity principles. Continuing education thereafter is planned by Metlifecare on a biannual basis and delivered annually. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training and competency requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency, first aid certification, and syringe driver training.</p> <p>Metlifecare supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification and requires those who are working in the dementia care area to complete the required dementia care training in a timely manner. Training and competence support are provided to staff in the orientation programme and then ongoing to ensure health and safety in the workplace, including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE). There are policies and procedures in place around wellness, bullying, and harassment. The service has access to a confidential employment assistance programme (EAP) for staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>PA Low</p>	<p>Metlifecare human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver care into the care suites. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, including for restraint and infection prevention and control (currently under the purview of the NM).</p> <p>Performance appraisals for staff are carried out annually and this will be</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>extended to include any new staff employed for Gulf Rise. While orientation of new staff who have already been employed is taking place, staff working in the proposed care suites will need to be orientated to the specific care suites work areas and emergency management procedures prior to resident occupancy (refer criterion 2.4.4).</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard and contracts to provide aged-care services (including secure dementia care services) with Te Whatu Ora Waitematā. The service has procedures in place to actively seek and recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants. The service understands the requirements for education specific to those requiring dementia care and has processes in place to manage this.</p> <p>Ethnicity data is currently being recorded and used by Metlifecare in line with health information standards; Gulf Rise will collect ethnicity information through the Metlifecare systems on staff and residents.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (currently the RNs already recruited, the newly contracted general practitioner, a pharmacist, and a dietician).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this will be implemented by the service. Staff have access to an EAP should they require personal support.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are</p>	<p>PA Low</p>	<p>Recreation activities have been planned for the service that are appropriate for the levels of care the service is proposing to provide. Specific activities are planned for the secure dementia care unit over a 24-hour period dependent on individual needs. Activities are planned to be facilitated by an activities coordinator (AC) or diversional therapist (DT) dependent on recruitment (refer criterion 3.3.1). If an AC is recruited there will be oversight of the programme through an external occupational therapist.</p> <p>The proposed programme runs across seven days, but staff have not</p>

<p>satisfying to them.</p>		<p>yet been employed to facilitate the programme, nor is there any individualised input into the programme as there are as yet, no residents in the facility. The proposed programme will be adjusted once residents are admitted based on assessments, and geared to reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' meetings are planned to be undertaken monthly. A 'Know Me' booklet detailing residents' life history will be completed for each resident within two weeks of admission in consultation with the resident and their enduring power of attorney (EPOA) or whānau. The proposed programme outlines how opportunities for any Māori residents and their whānau to participate in te ao Māori will be facilitated through community engagement and through internal celebrations (e.g., Māori language week and Matariki).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Metlifecare's medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are available for use at Gulf Rise. A system for medicine management using an electronic system is available for use in the proposed care suites. Equipment to manage medication administration safely has been purchased to support care requirements in the proposed care suites. Space on each floor of the facility has been designated for storage of medication, these are kept locked. The new medication rooms are temperature controlled by heat pumps, and room and refrigerator temperatures are already being recorded. Controlled medication will still be managed from one single area of the facility (on the first floor) and will support all residents in the facility.</p> <p>Medications will be supplied to the facility from a contracted pharmacy. There are processes in place to ensure that medication reconciliation occurs. There were no medications on site during the audit.</p> <p>There is a process in place to ensure that all staff who administer medicines are competent to perform the function they manage but this has not yet been put into place for the new staff already employed (refer criterion 3.4.3). A process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities</p>

		<p>through the electronic medication management system.</p> <p>There is also a process in place to make sure that general practitioner (GP) reviews are recorded on the medicine chart of residents; this will be put into place when residents enter the service. Standing orders will not be used at Gulf Rise. Self-administration of medication can be facilitated and safely managed should this be required for new residents.</p> <p>Support for people to understand their medication will be provided by the RNs in the service, in consultation with the GP. Support for Māori will be through the Metlifecare network or, once a relationship has been fully established between the services, through the Te Herenga Waka o Orewa Māori health service. Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service currently being provided at Gulf Rise is in line with recognised nutritional guidelines for older people. The proposed care suites have a large dining and lounge area on each floor. Food is currently being prepared on-site for the adjacent retirement village and, once there are occupants in the proposed care suites, food will be served in each of the dining rooms and residents' rooms via a 'hot box' food distribution service. Four new 'hot boxes' for food transport have been purchased to meet the needs of residents in the proposed care suites.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu for Gulf Rise is managed at an organisational level and set by an employed registered dietitian. Menu development is run on a three-monthly seasonal cycle to coincide with the three-monthly dietitian review. Food preferences for Māori are addressed as required but form part of menu planning for the organisation. The menu covers the requirement to provide food into the secure dementia care area 24/7. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 3 December 2023. No areas requiring corrective action were identified.</p>

		<p>There are processes in place to ensure each resident has a nutritional assessment on admission to the facility. The kitchen manager is made aware of the dietary needs of residents via their diet profiles. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori residents.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and that they meet legislative requirements. The facility will require a certificate of public use prior to residents being admitted into the facility (refer criterion 4.1.1). The facility is new and has been co-designed with Māori. The build has been designed using Te Arangi Māori design principles. The site, which includes a retirement village, is built in the shape of a koru with the care facility "Weiti" (little water) at its centre. Māori signage and art were evident throughout the care facility during the audit.</p> <p>Whilst the building is new, a preventative maintenance programme is in place to ensure the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and clinical equipment. Monthly hot water testing is scheduled for resident areas, and all were currently within range. There is a process in place to identify deficits and managed remediation should this be required in the future. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The proposed care suites are comfortable and accessible, with space to promote independence and safe mobility. Corridors are wide enough for the safe use of mobility aids, including electronic mobility aids, and handrails are in place. Spaces within the facility are culturally inclusive and suited to the needs of the resident groups proposed for the service. There is a lounge/dining facility on each floor along with smaller multipurpose rooms/spaces. The lounge areas can be used for activities for residents. External areas are on the ground floor with the upper</p>

		<p>floors accessible by lift or a wide stairway at each end of the building. The external spaces, including the secure area outside the dementia unit, are planted and landscaped. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors on all floors. All suites in the facility have ensuite toilets, handbasins, and shower facilities.</p> <p>The 36 proposed care suites are to be occupied under ARRC in ORA contracts. Thirteen care suites on the ground floor are configured to accommodate secure dementia care services. The first and second floor have 12 and 11 care suites respectively configured to provide dual purpose (rest home or hospital services). One room on the third floor is of sufficient size to accommodate two (consenting) adults. Where two people share a care suite, privacy screens are available to ensure personal cares can be completed with privacy for individual residents. All dual-purpose rooms have inbuilt ceiling hoists in all suites, and there is a call bell system in all rooms, bathrooms, and communal areas.</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. All suites and communal areas have electric heating, and these can be used to set to residents' preferred heat/cool settings. There is solar energy capacity on the roof of the care centre. There is space in the proposed care suites for the use of mobile moving and handling equipment in case of an emergency; a mobile hoist has been purchased. Equipment sighted confirmed that enough equipment has been purchased to manage resident care activities.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan for the proposed care suites was approved by Fire and Emergency New Zealand (FENZ) on 16 August 2023 and the requirements are reflected in the Fire and Emergency Management Scheme. All areas have wired smoke alarms and sprinklers in situ. A fire evacuation drill is scheduled six-monthly.</p> <p>Adequate supplies for use in the event of a civil defence emergency</p>

		<p>meet The National Emergency Management Agency recommendations for the region. The supplies on hand are sufficient to manage any admissions into the proposed care suites.</p> <p>Orientation includes competencies in the management of fire and emergency, and continuing competency in these are part of the annual training programme (refer criterion 2.4.4). A 'flip chart' is available in public areas to inform the residents, whānau, and other visitors about the fire and emergency management in place for the facility. Emergency and security arrangements are explained to new residents and their whānau during the admission process.</p> <p>Call bells alert staff to residents requiring assistance. Appropriate security arrangements are in place; closed-circuit television (CCTV) is available externally and in internal corridor areas, with appropriate signage in place alerting people that it is in use. There is a programme in place to ensure that there will always a staff member on duty with current first aid certification, and RNs will be on site 24/7 (refer criteria 4.2.4 and 2.3.1).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The Metlifecare 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 (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified.</p> <p>Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels through the clinical team, the clinical management team, the Metlifecare IPC national lead, and through the clinical governance team to the Metlifecare board. Services in the proposed care suites will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current residents in the wider service.</p> <p>Infection control signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19</p>

		precautions, and actions required to minimise the risk of infection.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The NM, who is an RN, is the IPC resource nurse (IPCRN). The IPCRN is responsible for overseeing and implementing the IP programme at Gulf Rise with reporting lines to the VM, the regional clinical manager (RCM) and the Metlifecare IPC national lead. The IP and AMS programme is linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN and the Metlifecare ICP national lead have the appropriate skills, knowledge, and qualifications to support and maintain safe IPC and AMS practices at the facility. Advice was sought from the IPCRN and Metlifecare's IPC national lead prior to and during the build of the proposed care suites, and when making decisions around procurement relevant to care delivery, and policies (refer criterion 5.5.4).</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by Metlifecare's clinical governance group and are based on accepted good practice. Cultural advice is sought where appropriate. Staff were made familiar with policies and procedures through education during orientation and through ongoing education. Policies, processes, and audits ensure that reusable and shared equipment are decontaminated using best practice guidelines. There are processes and equipment in place to ensure single use items can be discarded after use. Educational resources include a range of brochures which are available and accessible in te reo Māori. Processes already in place will be extended to meet the needs of residents in the proposed care suites.</p> <p>A pandemic/infectious diseases response plan is documented. Sufficient resources have been purchased to manage infection including sufficient stores of personal protective equipment (PPE). The IPCRN reported that there are processes in place to make sure that residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme	FA	Metlifecare is committed to reducing the inappropriate use of antibiotics

<p>and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes, that they are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally and externally benchmarked.</p> <p>The AMS programme currently in place will be extended to encompass the Gulf Rise proposed care suites.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Policy and procedures for the surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Gulf Rise will use Metlifecare’s standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>A process is in place for Gulf Rise to institute Metlifecare’s HAI monitoring processes. This requires that monthly surveillance data be collected, collated, and analysed to identify any trends, possible causative factors and required actions in respect of HAIs. Results of the surveillance programme are shared with staff, and at clinical governance and governance level. Surveillance data includes ethnicity data and antibiotic use.</p> <p>Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p> <p>Results of surveillance are benchmarked with other Metlifecare sites and reported per 1000 occupied bed days. In addition, results are benchmarked to a number of other ‘like’ health care providers in New Zealand. Surveillance processes will be extended to include residents admitted to the proposed care suites.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Moderate</p>	<p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and transmission of antimicrobial resistant organisms at Gulf Rise. Suitable personal protective equipment (PPE) is available to those who will be handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Chemicals were labelled and being stored safely in secured areas, with a closed system in place. Material data safety sheets (MDSS) are available to staff for emergency use. Sluice rooms are available for the disposal of soiled water and waste. A bedpan/urinal sanitizer has been installed. Hand washing facilities and hand sanitisers were available throughout the facility.</p> <p>There are documented policies and processes in place for the management of cleaning, laundry, waste, and infectious and hazardous substances. The IPCRN has oversight of facility testing and the monitoring programme for the facility. As part of this role, it was noted that the design of the laundry at Gulf Rise would not allow clean and unclean laundry to be appropriately separated, and this will need to be addressed (refer criterion 5.5.4). Once established, laundry and cleaning processes will be monitored for effectiveness through the internal auditing programme. Residents' personal laundry will laundered on site, with other laundry managed by a service external to the facility.</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>Gulf Rise plans to be a restraint free environment and Metlifecare policies and procedures support restraint elimination. The restraint policies and procedures outline how service delivery will avoid the need for the use of restraint through the use of de-escalation processes and staff interventions. Equipment which can be used for restraint is specified in the policy along with processes to manage any restraint use safely. Should restraint be required, documentation is available to ensure there is a comprehensive assessment, approval, and monitoring process, with regular reviews and this is available to staff at Gulf Rise. There are clear lines of accountability for any decision to use or not use restraint. Where restraint is to be used, or not used, there is a process in place to involve the resident, their EPOA and/or whānau as part of the decision-making process.</p>

		<p>The NM, who is an RN, is currently the restraint coordinator (RC) for Gulf Rise. The restraint coordinator (RC) is a defined role that would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The service has employed a NM, three RNs, 12 caregivers, and a receptionist administrator. Recruitment is ongoing to ensure that there will be sufficient staff to cover the proposed roster once residents are admitted to the proposed care suites. Recruitment is ongoing to recruit staff who either have dementia qualifications or are willing to pursue the education, along with further RNs, caregivers, activity staff, and cleaning and laundry services.	Staffing levels are not yet in place to provide culturally and clinically safe services.	<p>Ensure there are sufficient staff in place to provide culturally and clinically safe services, particularly for the care of hospital level care residents and those requiring dementia care.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the</p>	PA Low	Metlifecare has robust processes in place to orientate staff to their facilities and these will be utilised at Gulf Rise. The NM has been orientated into the service and one of the three RNs employed for the service are currently	Staff employed to work in the proposed care suites have yet to be orientated to the new work and work area, including the secure dementia care area.	Provide evidence that staff working in the proposed care suites, including the secure dementia area, have been orientated to the care suites work and work area prior to resident

service provided.		orientating. Any new staff employed to work in the proposed care suites will need to be orientated to the area and work, with particular attention to those expected to work in the secure dementia care area.		occupancy.  Prior to occupancy days
Criterion 3.3.1  Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	PA Low	There is a planned process for activities that is appropriate for the levels of care the service is proposing to provide; however, staff have not yet been recruited to deliver the programme and the programme has not been based on the actual preferences of residents.	The planned process for activities is appropriate for the proposed levels of care to be delivered at Gulf Rise but the programme is not yet resourced, and it has not been based on the actual preferences of residents.	Provide evidence that recruitment for the activities programme has been completed prior to residents occupying the facility and the programme is reflective of the needs and preferences of residents occupying the care suites, including those in the secure dementia area.  90 days
Criterion 3.4.3  Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Low	There is a process in place to ensure that staff who manage medication are competent to perform this function, but this has not yet been put into place for the new staff employed by the service. Medication competency is required in the orientation of staff, dependent on their roles. All RNs and some (more senior) caregivers will be expected to complete medication competency.	Staff employed by the service do not, as yet, have documented medication competency.	Provide evidence that staff who are managing medication are competent to support the safe receipt, storage, administration, monitoring, safe disposal, and returning to pharmacy functions dependent on their roles.  Prior to occupancy days
Criterion 4.1.1  Buildings, plant, and equipment shall be fit for purpose, and comply with	PA Low	The care suites at Gulf Rise required building consent. Most of the work has been completed with the remaining work to be completed shortly (primarily	The service does not yet have a certificate of public use, which will be required prior to residents being	Provide evidence of a certificate of public use for the proposed care suites prior to resident occupancy.

legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.		painting). The facility will require a certificate of public use for the proposed care suites when work is fully completed and prior to occupancy of any residents.	accepted into the proposed care suites.	Prior to occupancy days
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	Staff are currently being recruited and/or orientated into the service. The NM completed first aid certification in March 2023. Staff currently orientating or those who have been recruited but have not yet commenced employment are booked to complete first aid training in September 2023.	Not all staff who have been recruited for the service or are orientating have completed first aid certification. There are insufficient staff with current first aid certification to cover the roster for the service 24/7.	<p>Provide evidence that there are sufficient staff who are first aid certified to cover the roster prior to residents being admitted to the service.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals.</p>	PA Moderate	There is a policy in place for laundry services that meets infection control principles. The laundry space at Gulf Rise is a 'u shape' which allows for dirty laundry to enter at one end of the 'u' and clean laundry to be removed from the other end. However, the washing machine and dryer are situated next to each other and there is no delineation possible between 'dirty' and 'clean' areas with the current configuration. Added to this, the position of the dryer means there is insufficient space for laundry workers to load the washing machines and there is no place to store 'dirty' laundry prior to pick up by the external contractor.	There is no clear separation between 'dirty' and 'clean' areas in the laundry, and insufficient room to load washing machines and store 'dirty' laundry prior to contractor pick-up.	<p>Provide evidence to show that the laundry area has been reconfigured to allow for a clear separation between 'dirty' and 'clean' areas in the laundry, with sufficient room available to allow laundry staff to load washing machines and store 'dirty' laundry prior to contractor pick up.</p> <p>Prior to occupancy days</p>

This shall be reflected in a written policy.				
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.