

Metlifecare Retirement Villages Limited - Oakridge Care Home

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 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:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Oakridge Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 July 2024 End date: 16 July 2024
Proposed changes to current services (if any):	None, this is a new care home
Total beds occupied across all premises included in the audit on the first day of the audit:	0

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.

General overview of the audit

Metlifecare Oakridge is a newly built care facility situated in Kerikeri, Northland. The new facility has developed 15 secure memory (dementia) care suites and 50 dual purpose care suites (to accommodate hospital and/or rest home services), with five rooms being suitable to accommodate couples (double occupancy). The capacity for the facility to accommodate couples in the designated rooms was confirmed onsite. The opening of the facility is planned for 16 September 2024.

This partial provisional audit has been undertaken to establish the level of preparedness of Metlifecare Oakridge to accept residents into the facility. The dual-purpose and secure memory care suites will be operated under age-related residential care (ARRC) contracts, with residents entering into an occupation right agreement (ORA). Metlifecare has employed an acting care manager who is a registered nurse with aged-care experience to oversee day-to-day management of the care facility until a facility or nurse manager is employed.

Prior to occupancy the following areas need to be addressed: staff are employed to meet the proposed roster for the services, including for dementia care twenty-four hours per day, seven days per week, a general or nurse practitioner is contracted to support

residents, new staff have been fully orientated into the service, and the required competencies (medication and first aid) have been completed. Additionally, an approved food control plan is required, the activities plan reflects the residents' preferences and safety and security in the garden of the memory care (dementia) service is addressed.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The Metlifecare governing body will assume accountability for delivering a high-quality service at Oakridge. 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, and will be increased as the occupancy increases. The suites have been designed to meet the cultural and clinical needs of residents, including residents in the proposed secure memory care suites. 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, and is being 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.

Ngā huarahi ki te ora | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of rest home, hospital, and secure memory 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 there is a process in place to ensure the temperature of these, and refrigeration equipment, is being monitored. Controlled medication will be kept in the medication room area located on the first floor but will be accessible to residents in other areas as required.

Plans are in place to ensure that, on admission, 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. There is a process in place to ensure food is available to all residents, including those in the memory care suites, twenty-four hours per day/seven days per week.

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

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

The new facility care suites, located across the three floors, are well-appointed. Care suites on the first and second floors, which have the capacity for dual care (rest home and hospital) services, have ceiling hoists in place to assist with caring for residents who require such equipment. While twenty-three (23) care suites are of adequate size and are suitable for occupancy by two people, the

facility intends to seek certification for five of these to be used for this purpose in the first instance. Memory care suites in the secure dementia care area are secured; electronic fobs are used for entry and egress, and there is an intercom in place for visitors to use.

The acting care manager employed for the service understood emergency procedures for the site, including use of emergency equipment and supplies. There is a process in place to ensure any newly recruited staff have the appropriate fire and emergency training through the orientation programme. Annual competency thereafter takes place through an education and training programme which is already well established in the Metlifecare organisation.

Staff working in the memory care suites area will either have, or be enrolled in, a New Zealand Qualifications Authority (NZQA) programme to meet the needs of the dementia care contract consistent with the requirements of Health New Zealand – Te Whatu Ora.

The facility has a certificate of public use, and the fire and emergency plan has been ratified by Fire and Emergency New Zealand (FENZ). There are sufficient supplies already in storage and available for a civil defence emergency. A call bell system is in place. Security measures are in place, including for the memory care suits.

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 acting care 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 Metlifecare Oakridge.

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 consultant geriatrician, have approved the infection control and pandemic plan. The acting care manager was familiar with the Metlifecare pandemic/infectious diseases response plan, which has been written to assist the facility 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 both the prevention and mitigation of transmission of infections. There are processes in place to make sure cleaning and waste and hazardous substances can be 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 Metlifecare Oakridge should restraint be required in the future. The acting care manager, currently acting as the restraint coordinator, demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, alternative interventions, and restraint monitoring. 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	7	0	0	0
Criteria	0	82	0	8	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 Oakridge (Oakridge). 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 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 (self-determination) 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 Oakridge</p>

		<p>village, with the support of an experienced acting care manager (ACM), who is a registered nurse, and who is responsible for clinical services. The ACM has aged-care experience, and confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples is available through the wider Metlifecare organisation (including the Metlifecare cultural consultancy), and local Health New Zealand – Te Whatu Ora services. This is supported by health plans to include care models aligned with Te Whare Tapa Whā (for Māori) and Fonofale or Te Vaka Atafaga (for Pasifika), as well as for tāngata whaikaha and people from other ethnic backgrounds. Te Tiriti o Waitangi, health equity and equality, diversity, and inclusion training 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. Oakridge will contribute information through the established reporting channels to board reports once residents are admitted to the service.</p> <p>The Oakridge 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 Oakridge when there are residents present.</p> <p>Health New Zealand – Te Whatu Ora (Te Whatu Ora) is supportive of the new facility and its provision of 15 secure memory care (dementia) suites and 50 dual purpose (rest home or hospital level care) care suites. With the provision of five care suites which can accommodate two (consenting) residents, resident numbers are proposed as 15 secure memory care residents and 55 dual service (rest home or hospital) residents, 70 residents in total. Care suites will be purchased under an occupation rights agreement (ORA) with care delivered under</p>
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		an age-related residential care contract (ARRC in ORA). There are no ARRC services being provided in the proposed care suites currently.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a documented 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. Registered nurses and senior care staff recruited to the service will undertake first aid training (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 an ACM (who has been recruited). Caregivers and ancillary staff will support the RNs. The transition plan shows how staffing will be recruited and increased dependent on admissions (refer criterion 2.3.1). Staff appointed to work in the dementia care area will either already have the requisite New Zealand Qualification Authority (NZQA) education to work in the area, or they will be registered for the education programme 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 memory care suite area (refer criteria 2.3.1 and 3.3.1). Domestic (cleaning and laundry) services will be carried out by dedicated support staff seven days per week. Capacity for the delivery of food services to residents is in the final stages but still requires the approval of a food control plan (refer criterion 3.5.5).</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. Staff have not yet been recruited to the service (with the exception of the ACM) and will need to be orientated when recruited (refer criterion 2.4.4). Continuing education thereafter is planned by Metlifecare on a biannual basis and delivered annually. The training programme is delivered via an electronic</p>

		<p>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 NZQA qualification and requires those who are working in the memory care suite area to complete the required NZQA dementia care education programme in a timely manner.</p> <p>There are staff policies and procedures in place around wellness, bullying, and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<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 staffing required to deliver care into the care suites. There are job descriptions in place for all positions, including for restraint and infection prevention and control (currently under the purview of the ACM), which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>Performance appraisals for staff are carried out annually and this will be extended to include any new staff employed for Oakridge. While orientation of the ACM already employed is taking place, staff recruited to work in the facility 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. The service has procedures in place to actively seek and recruit Māori and Pasifika at all levels of the organisation (including management and</p>

		<p>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; Oakridge will collect ethnicity information on staff and residents through the Metlifecare systems.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (currently the ACM already recruited, a pharmacist, and a dietitian).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this will be implemented by the service. The service has access to a confidential employment assistance programme (EAP) for staff 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 satisfying to them.</p>	PA Low	<p>Recreation activities have been planned for the service that are appropriate for the levels of care the service is proposing to provide. Processes are in place to ensure that specific activities are planned for residents residing in the secure memory 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. If an AC is recruited, there will be oversight of the programme through an external diversional therapist or occupational therapist.</p> <p>The proposed programme will run across five days, but staff have not 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 (refer criterion 3.3.1). 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. There are 'Know Me' booklets specifically relevant to Māori and Pasifika, based on</p>

		Māori and Pasifika models of care. The proposed programme outlines how people will be facilitated to access their communities of choice and opportunities for any Māori residents and their whānau to participate in te ao Māori. These will be facilitated through community engagement and through internal celebrations (e.g., Christmas, Matariki, and ANZAC celebrations).
<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>	PA Low	<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 Oakridge. A general and/or nurse practitioner (GP/NP) service has not yet been contracted to support residents (refer criterion 3.4.2).</p> <p>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 lockable for security. The main medication room is temperature controlled by heat pump, and there are processes in place to record room and refrigerator temperatures once medication is in place. Controlled medication will 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 (refer criterion 3.4.3). A process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities through the electronic medication management system.</p> <p>There is also a process in place to make sure that GP and/or NP reviews are recorded on the medicine chart of residents; this will be put into place when residents enter the service, and a GP/NP service has been contracted. Standing orders will not be used at Oakridge. Self-</p>

		<p>administration of medication can be facilitated and safely managed should this be required for new residents. Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication.</p> <p>Support for people to understand their medication will be provided by RNs in the service, in consultation with the GP and /or NP (once the service is contracted). Support for Māori will initially be through the Metlifecare Māori consultancy network or local Te Whatu Ora services and networks.</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>	PA Low	<p>The food service proposed for Oakridge is in line with recognised nutritional guidelines for older people. The proposed care suites have a large dining and lounge area on each floor. There is a kitchen onsite 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. 'Hot boxes' for food transport have been purchased to meet the needs of residents. The food services do not yet have an approved food control plan (refer criterion 3.5.5).</p> <p>The menu for Oakridge is managed at an organisational level and set by an employed registered dietitian. The menu is a two-choice menu that residents can choose their meal from. 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 memory care suites 24/7.</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 is new and has been co-designed with Māori; the build has been designed using Te Arangi Māori design principles. Māori signage and art were evident throughout the care facility during the audit. The facility has a certificate of public use for the building which expires on 11 September 2024.</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. There is a process in place to identify deficits and remedy deficits 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. All suites in the facility have ensuite toilets, handbasins, and shower facilities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for staff and visitors on all floors. All dual-purpose rooms have inbuilt ceiling hoists in all suites and there is a call bell system in all rooms, ensuites, toilets, and communal areas.</p> <p>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 and a good-sized multi-use space can be used for activities for residents. External areas are on the ground floor, with the upper floors accessible by lift or a wide stairway at each end of the building. The external spaces, including the secure area outside the memory care suites, are planted and landscaped. The garden of the memory care suites, however, requires alteration to ensure safety (refer criterion 4.1.2).</p>
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		<p>The proposed care suites are to be occupied under ARRC in ORA contracts. Fifteen (15) care suites on the ground floor are configured to accommodate secure memory care (dementia) services. The first and second floor have 20 and 30 care suites respectively configured to provide dual purpose (rest home or hospital) services; 50 care suites in total. Although 23 of the dual-purpose rooms are of sufficient size to accommodate two (consenting) adults, five have been requested for dual occupancy (two on the first floor and three on the second).</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows and/or external doors (leading onto garden or balcony areas where applicable) which can be opened for ventilation; safety catches/locks 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 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>	PA Low	<p>Disaster and civil defence plans and policies are in place to direct the facility in its preparation for disasters and these describe the procedures to be followed. The fire evacuation plan for the proposed care suites was approved by Fire and Emergency New Zealand (FENZ) on 27 May 2024 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 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 and include essential energy requirements (light and cooking facilities).</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</p>

		<p>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, including security access to the memory care suites (as applicable).</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 and the main medication room on the first floor of the facility, and appropriate signage is in place alerting people that it is in use. There is a programme in place to ensure that there will always be 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 precautions, and actions required to minimise the risk of infection.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The ACM, who is an RN, is currently acting as the IPC resource nurse (IPCRN). The IPCRN is responsible for overseeing and implementing</p>

<p>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>		<p>the IP programme at Oakridge 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.</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. There is a process in place to ensure staff are made familiar with IP and AMS policies and procedures through the education; during orientation and through the ongoing education programme already in place at Metlifecare. 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 IPCN and RCM reported that there are processes in place to ensure that residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	FA	<p>Metlifecare is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring that antimicrobials are prescribed only</p>

<p>safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>when needed, 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. Antimicrobial 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 Oakridge 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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<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. Oakridge 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 Oakridge 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 antimicrobial use.</p> <p>Culturally clear processes are in place to communicate with residents and their whānau, and these are documented through the electronic resident management system in place.</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>	FA	<p>Processes are in place to maintain a clean and hygienic environment that supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Oakridge. Suitable personal protective equipment (PPE) was available to those who will be handling</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>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) were 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, along with a laundry chute from the upper floors. 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. Once established, laundry and cleaning processes will be monitored for effectiveness through the internal auditing programme. Service (e.g., bedlinen, towels etc.) and residents' personal laundry will initially be laundered on site, with the option of outsourcing service laundry at a later date (a potential service provider has been identified). Laundry service areas have designated clean/dirty areas identified.</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>	FA	<p>Oakridge 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 Oakridge. 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, and the multidisciplinary team as part of the decision-making process.</p> <p>The ACM, who is an RN, is currently acting as the restraint coordinator (RC) for Oakridge. The restraint coordinator (RC) is a defined role that would provide support and oversight should restraint be required in the</p>

		future. There is a job description in place that outlines the role.
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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 an ACM who is currently orientating to the service. Recruitment for other roles 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 staff are also cognisant of the need to recruit staff who either have NZQA dementia care qualifications or are willing to pursue the education.	Staffing levels are not yet in place to provide culturally and clinically safe services, including in the memory care suites area.	<p>Ensure there are sufficient staff in place to provide culturally and clinically safe services, including for the care of residents in the memory care suites services.</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 its facilities and these will be utilised at Oakridge. The ACM is currently being orientated into the service. Any new staff recruited to work in the proposed care	Staff have not yet been recruited to work in the proposed care suites. They will need to be recruited and orientated to the service and new work areas in sufficient	Provide evidence that staff have been recruited and orientated to the service and new work areas in sufficient numbers to support residents in line with the transition plan.

service provided.		suites will need to be orientated to the service and specific work areas, with particular attention to security for those expected to work in the secure memory care area.	numbers to support residents in line with the transition plan.	Prior to occupancy days
<p>Criterion 3.3.1</p> <p>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.</p>	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 Oakridge, but the programme is not yet resourced, and it has not been based on the actual preferences of residents.	<p>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.</p> <p>90 days</p>
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	PA Low	Oakridge has not, as yet, contracted registered nurses (apart from the ACM), and GP and/or NP services for Oakridge to support residents. There are, therefore, inadequate numbers of health professionals with the appropriate scope of practice to adequately manage medication prescribing, dispensing, reconciliation, and review.	There are insufficient staff with the appropriate scope of practice available to adequately manage medication prescribing, dispensing, reconciliation, and review. A GP and/or NP service has not yet been contracted for the facility.	<p>Ensure there are sufficient staff with the appropriate scope of practice available to adequately manage medication prescribing, dispensing, reconciliation and review for residents entering into the service. Ensure a GP and/or NP service has been contracted for the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and</p>	PA Low	There is a process in place to ensure that staff who manage medication are competent to support the safe receipt, storage, administration, monitoring,	Staff employed by the service do not, as yet, have documented medication competency to support the safe	Provide evidence that staff who are managing medication are competent to support the safe receipt, storage, administration,

support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.		safe disposal, and returning to pharmacy medication functions dependent on their roles, but this has not yet been put into place. Apart from the ACM, there are no health care and support workers recruited into the service at this time. Medication competency is required in the orientation of staff, dependent on their roles. All RNs and some (senior) caregivers will be expected to complete medication competency to allow them to support the safe receipt, storage, administration, monitoring, safe disposal, and returning to pharmacy medication functions.	receipt, storage, administration, monitoring, safe disposal, and returning to pharmacy functions dependent on their roles.	monitoring, safe disposal, and returning to pharmacy functions dependent on their roles. Prior to occupancy days
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	An approved food control plan is required for the service. This has been applied for, but approval has not yet been granted.	The service does not yet have an approved food control plan for the service.	<p>Ensure the service has an approved food control plan prior to the admission of residents to the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	There is a secure garden available for residents admitted to the memory care suites. There are two areas of safety concern from this area. Firstly, one edge of the garden has a 'drop off' along one edge of the garden of approximately 10 centimetres which is a fall hazard (in other places in the facility this has been covered by drainage). Secondly, there are light installations along the fence line of the garden which are raised	There are two safety concerns related to the garden of the memory care centre; a fall hazard related to a 'drop off' at one edge of the garden, and lighting installations along the fence line which could be used by agile residents trying to exit the secure garden.	Ensure the two safety concerns related to the garden of the memory care centre have been addressed; a fall hazard related to a 'drop off' at one edge of the garden and lighting installations along the fence line which could be used by agile residents trying to exit the secure garden.

		(approximately 1 meter high); these could potentially be used as a 'climbing device' to get over the fence by agile residents.		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, but there are no staff with first aid certification currently.	There are no staff with current first aid certification available to cover the proposed roster for the service 24/7.	<p>Provide evidence that there are sufficient staff who are first aid certified to cover the proposed roster prior to residents being admitted to the service.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.