

# Metlifecare Retirement Villages Limited - Pohutukawa Landing Care Home

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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 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Pohutukawa Landing Care Home
<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: 14 August 2024 End date: 14 August 2024
<b>Proposed changes to current services (if any):</b>	None, this is a new care home build with a planned opening date of the 1 October 2024.

**Total beds occupied across all premises included in the audit on the first day of the audit: 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 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 Pohutukawa Landing Care Home (Pohutukawa Landing) is a newly built care facility situated in Beachlands, East Auckland. The new facility has developed 65 care suites, comprising of 15 secure memory (dementia) care suites situated on the ground floor of the building, and 50 dual-purpose (rest home and hospital services) on the ground and first floors of the building. It is proposed that five of the rooms (one on the ground floor and four on level one) be designated as appropriate for a couple (double occupancy), and this was supported when viewed onsite. The planned opening date for the facility is 1 October 2024.

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

Prior to occupancy, the following areas are 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, new staff have been fully orientated into the service, the required competencies (medication and first aid) have been completed, and safety and security in the garden of the memory care (dementia) service is addressed. Additionally, the activities plan reflects the residents' preferences once they have been admitted to the service.

## **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 Pohutukawa Landing. 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 memory (dementia) care suites. The suites have been designed to meet the cultural and clinical needs of residents, including residents in the proposed secure memory (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, 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. A general practitioner service has been contracted to manage residents' medical needs.

Staff working in the memory (dementia) 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.

## **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 (two on the ground floor and one on the first floor) for the storage of medication in the proposed care suite areas. The rooms and clinical refrigeration equipment are temperature controlled and the temperature of these is already being monitored. Controlled medication will be kept in the care delivery area in one of the medication rooms but will be accessible for 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 initially be supplied from a kitchen within the adjacent retirement village, with a plan to move this to the care facility when there are a sufficient number of residents in the service. 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 memory (dementia) care area 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. It has been designed using Te Arangi Māori design principles and meets the needs of rest home, hospital, and secure memory (dementia) care residents. Electrical equipment has been tested as required, including new equipment and biomedical equipment purchased for the proposed care suites.

The new facility care suites, across the two floors, are well-appointed. The dual-purpose care suites (for residents requiring rest home or hospital level care) have ceiling hoists in place to assist with caring for residents who require such equipment. Five rooms are suitable for occupancy by two people (couples) if this service is required. Access into and out of the suites in the memory (dementia) care area are secured with 'fobs' (electronic keyless equipment), and there is an intercom in place for visitors to use.

External areas in the rest home and hospital care areas are safe and accessible and meet the needs of tāngata whaikaha (people with disabilities). The memory (dementia) care area has a garden space available for leisure activities.

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

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 (dementia) care suites. Closed-circuit television (CCTV) cameras are in place external to the building and in the medication rooms; signage is in place advising of their use.

## **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 village and care manager already employed for the service. Both the infection prevention and control resource nurse and the Metlifecare clinical management group are involved in procurement processes and have been involved in the service configuration at Pohutukawa Landing.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team, which includes 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 village and care manager were familiar with the pandemic/infectious diseases response plan, which has been specifically written to assist Pohutukawa Landing to manage in an emergency infection 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 prevention of infections and mitigation of their transmission. There are processes in place to make sure cleaning and waste and hazardous substances are 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 Pohutukawa Landing

should restraint be required. The village and care manager is currently employed as the restraint coordinator and 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	8	0	6	0	0	0
Criteria	0	84	0	6	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 Pohutukawa Landing (Pohutukawa Landing). 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 disabilities) is contained within a Pacific health plan and a tāngata whaikaha 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</p>

	<p>and suitably qualified business care manager, who is a registered nurse (RN), to manage the service. The BCM has been employed within aged care for a number of years, and confirmed knowledge of the sector, and 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), the wider Metlifecare organisation, and local Health New Zealand – Te Whatu Ora (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. Pohutukawa Landing will contribute information through the established reporting channels to board reports once residents are admitted to the service.</p> <p>The Pohutukawa Landing 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 Pohutukawa Landing when there are residents present.</p> <p>Te Whatu Ora is supportive of the new facility and its provision of 50 dual purpose (rest home or hospital level care) care suites and 15 secure memory (dementia) care suites. With five care suites which can accommodate two (consenting) residents, resident numbers are proposed as up to 55 dual service (rest home or hospital) residents and 15 secure memory (dementia) care residents, 70 residents in total. Care suites will be purchased under an occupational rights agreement (ORA),</p>
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		with care delivered under 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. The BCM has a current first aid certificate, and registered nurses and senior caregivers recruited to the service will undertake first aid training once employed, 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), supported by a senior RN, who will act as the assistant care manager, and the BCM (who is also an RN). The RNs will be supported by caregivers and other support staff (e.g., housekeeping, kitchen and administration services). The transition plan in place shows how staffing will be increased dependent on admissions (refer criterion 2.3.1). Staff appointed to work in the memory (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 a diversional therapist and/or activities coordinators who will provide recreation activities seven days per week, with specific emphasis on activities into the secure memory (dementia) care area (refer criterion 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 in the first instance.</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 competency as part of the orientation process; cultural competency includes equity principles. Continuing education thereafter</p>

		<p>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 its 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 memory (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).</p> <p>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 culturally safe, respectful, quality care and services.</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, including for restraint and infection prevention and control (currently under the purview of the BCM), which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>Performance appraisals for staff employed by Metlifecare are carried out annually and this will be extended to include any new staff employed for Pohutukawa Landing. While orientation of the BCM (who has already been employed) is taking place, staff working in the proposed care</p>

		<p>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 understood its obligations in recruitment in line with the Ngā Paerewa Standard and intends to contract to provide aged-care services, including secure memory (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 governance), dependent on vacancies and applicants. The service understood the requirements for education specific to those requiring memory (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; Pohutukawa Landing will collect ethnicity information through the Metlifecare systems on staff and residents.</p> <p>A register of practising certificates is maintained for RNs (including the newly contracted BCM) and associated health contractors (currently the newly contracted general practitioner, pharmacy and dietician services).</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 satisfying to them.</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 memory (dementia) care suites area over a 24-hour period, dependent on individual needs. Activities are planned to be facilitated by a diversional therapist (DT) and an activities coordinator (AC) or two ACs, dependent on recruitment (refer criterion 3.3.1). If an AC is recruited, there will be oversight of the programme through either a regionally based DT or the occupational therapist employed by Metlifecare.</p> <p>The proposed programme runs across seven days, but staff have not yet been employed to facilitate the programme, nor is there any</p>

		<p>individualised input into the programme as there were 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 (refer criterion 3.3.1). The proposed programme also 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>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 EPOA or whānau; this is standard practice in Metlifecare facilities.</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 Pohutukawa Landing. 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, including a separate room in the memory (dementia) care suite area. These are secure rooms with CCTV cameras in place. The new medication rooms and medication refrigerators are temperature controlled, and room and refrigerator temperatures are already being recorded. Controlled medication will still be managed from one single area of the facility 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</p>

		<p>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 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 Pohutukawa Landing. 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 until local supports are identified. 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 proposed for Pohutukawa Landing is in line with recognised nutritional guidelines for older people. The proposed care suites have large and small dining areas on each floor, with one dining area in the memory (dementia) care suite area. Smaller areas outside of the memory (dementia) care suite area are slightly separated (but adjacent to the main dining areas), to improve the provision of dignified services for residents who need assistance to eat.</p> <p>Food is currently being prepared onsite in 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. Five 'hot boxes' for food transport have been purchased to meet the needs of residents in the proposed care suites; three are currently available. Once residents have been admitted to the service, the provision of food services will be transferred to the care facility itself, with oversight from the village's food services manager. There are processes in place for temperature testing of food transferred, to make sure it meets requirements.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu for Pohutukawa Landing is managed at an organisational level and set by an employed registered dietitian. Menu</p>

		<p>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 (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 on 28 February 2024 and has an expiry date of 28 August 2025. 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 food services manager is made aware of the dietary needs of residents via their diet profiles. The personal food preferences, 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><b>Subsection 4.1: The facility</b></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) 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 planned opening date for the facility is 1 October 2024 and the facility has a certificate of public use for the building which was issued on 2 July 2024.</p> <p>The external physical environment of the facility in terms of the delivery of rest home and hospital level service promotes safety and accessibility (safe mobility and independence) and reduces the risk of harm. The garden area of the memory (dementia) care suites, however, requires alteration to ensure safety and security (refer criterion 4.1.2).</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, lift maintenance and servicing, resident equipment checks, and calibrations</p>

	<p>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 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. 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 are lounge/dining facilities 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 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.</p> <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 (dementia) care services. Fifty care suites across the ground and first floor are configured to provide dual purpose (rest home or hospital services). Twenty-six of the care suites are of sufficient size to accommodate couples; however, certification for five has been applied for. The five care suites requested (one on the ground floor and four on the first floor) are 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 in privacy for individual residents. All dual-purpose rooms have inbuilt ceiling hoists in all suites, and there is a call bell system in all care suites, bathrooms, and communal areas.</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;</p>
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		<p>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; mobile hoist equipment 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 its preparation for disasters and 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 3 July 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; this includes water, utilities (e.g., torches, lamps, radio), and cooking and dining equipment. Sufficient food is currently stored in the kitchen of the adjacent retirement village.</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; CCTV is available externally and in medication rooms, with appropriate signage 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</p>

		RNs will be on site 24/7 (refer criteria 4.2.4 and 2.3.1).
<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, 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 English and te reo Māori, 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 implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The BCM, who is an RN, is currently acting as the IPC resource nurse (IPCRN). The IPCRN is responsible for overseeing and implementing the IP programme at Pohutukawa Landing, with reporting lines to the Pohutukawa Landing village manager (VM), the regional clinical manager (RCM), and the clinical leadership team. The IP and AMS programme is linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN has the appropriate skills, knowledge and qualifications to support and maintain safe IPC and AMS practices at the facility when residents are admitted. Advice was sought from the Metlifecare's clinical management team 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</p>

		<p>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 are 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 English, te reo Māori and Pacific Islands languages. This includes information regarding hygiene practices, COVID-19 precautions, and actions required to minimise the risk of infection. Processes already well established will be extended to meet the needs of residents in the proposed care suites once they are admitted.</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>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Metlifecare 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 being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring that antimicrobials are prescribed only 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 Pohutukawa Landing 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. Pohutukawa Landing 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 Pohutukawa Landing 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> <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</p>	<p>FA</p>	<p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Pohutukawa Landing. 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. Hand washing facilities and hand sanitisers were readily available throughout the facility.</p>

<p>transmission of antimicrobialresistant organisms.</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. The design of the laundry at Pohutukawa Landing allows clean and unclean laundry to be appropriately separated. Once established, laundry and cleaning processes will be monitored for effectiveness through the internal auditing programme. Service laundry (e.g., bedlinen, towels etc.) and residents' personal laundry will initially be laundered by Metlifecare's centralised external laundry service. 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>	<p>FA</p>	<p>Pohutukawa Landing plans to be a restraint-free environment and Metlifecare policies and procedures support restraint elimination.</p> <p>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 Pohutukawa Landing. There are clear lines of accountability for any decision to use or not use restraint.</p> <p>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 GP, as part of the decision-making process.</p> <p>The BCM, who is a RN, is currently acting as the restraint coordinator (RC) for Pohutukawa Landing. 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>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service has employed a BCM for the service who is a RN. 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 aware of the need to recruit staff who either have NZQA dementia care qualifications or are willing to pursue the education.</p>	<p>Staffing levels are not yet in place to provide culturally and clinically safe services, including in the memory (dementia) care suites area.</p>	<p>Ensure there are sufficient staff in place to provide culturally and clinically safe services, including for the care of residents in the memory (dementia) 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	<p>Metlifecare has robust processes in place to orientate staff to its facilities and these will be utilised at Pohutukawa Landing. The BCM is currently being orientated into the service. Other staff have not, as yet, been recruited or orientated into the service to align with</p>	<p>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, in sufficient numbers to support</p>	<p>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 in sufficient numbers to support residents in</p>

service provided.		the transition plan.	residents in line with the transition plan.	line with the transition plan, prior to resident occupancy.  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 Pohutukawa Landing, 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 that the programme is reflective of the needs and preferences of residents.</p> <p>90 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	Pohutukawa Landing has not, as yet, contracted registered nurses (apart from the BCM) 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. 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.	There are insufficient staff with the appropriate scope of practice available to adequately manage medication prescribing, dispensing, reconciliation and review.	<p>Provide evidence that there are sufficient staff with the appropriate scope of practice available to adequately manage medication prescribing, dispensing, reconciliation and review prior to residents entering into the service.</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,</p>	PA Low	The garden area of the memory (dementia) care suites area is attractive and allows for leisure and recreational activities for the residents in the area;	The garden area of the memory (dementia) care suites area requires alteration to ensure the safety and	Provide evidence that the garden area of the memory (dementia) care suites area has been altered to ensure the

<p>minimise risk of harm, and promote safe mobility and independence.</p>		<p>however, there is a need for requires alteration to ensure safety and security. There are two fall hazards: one is where the edge of the garden area meets the building, and the other where the decking goes down to the grassed area (via steps). Added to this, the fence can be easily climbed in several areas. Metlifecare staff have noted the safety issues and are already working to rectify them. The garden area has seating and shade for the comfort of the residents.</p>	<p>security of residents.</p>	<p>safety and security of residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.4 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>	<p>PA Low</p>	<p>Staff are currently being recruited into the service but there is no evidence currently that staff being recruited have first aid certification. First aid certification is required for the service. The BCM completed first aid certification in February 2023.</p>	<p>There are insufficient staff currently in place with current first aid certification to cover the proposed roster for the service 24/7.</p>	<p>Provide evidence that there are sufficient staff in place 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

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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 audit.

No data to display
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End of the report.