

Metlifecare Retirement Villages Limited - St Andrew's Cambridge

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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:	St Andrew's Cambridge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 January 2025 End date: 22 January 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	24

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Metlifecare St Andrew's Cambridge is certified to provide hospital services – (medical and geriatric services) and rest home levels of care for up to 24 residents with full occupancy on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, management, and a general practitioner.

The village and care manager is a registered nurse who is experienced in aged care. They are supported by an assistant care manager who is also a registered nurse. Residents and family/whānau interviewed were complimentary of the service and care provided.

There were no shortfalls identified at the previous audit.

This surveillance audit did not identify any shortfalls.

Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

Metlifecare St Andrew's Cambridge provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies documented in the Māori health plan by actively recruiting and retaining suitably qualified Māori staff. A Pacific health plan is documented.

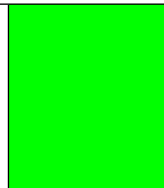
Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

There is evidence that residents and families/whānau are kept informed. The rights of the resident and/or their families/whānau to make a complaint is understood, respected, and upheld by the service.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

The business plan is supported by quality and risk management processes that takes a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the managers and board at Metlifecare. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service, with evidence of regular reviews. Staff receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff, with ongoing training provided to continuously upskill staff.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The assistant care manager and registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Care plans are reviewed in a timely manner.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. There are general and nurse practitioners who are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

There is a current building warrant of fitness. All electrical and medical equipment has been serviced and calibrated. There is a planned and reactive maintenance programme in place.

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

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

Subsections applicable to this service are fully attained.

The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff.

Surveillance data is undertaken. Infections are recorded on an incident form with data collected and analysed for trends, and the information used to identify opportunities for improvements.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service is committed to getting to a restraint-free service. The philosophy is supported by the director, policies and procedures, and staff training. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint. There was no restraint used during the audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently does not have residents who identify as Māori. Staff are employed who identify as Māori. Staff undertake cultural competencies and are knowledgeable in ways to support the health and wellbeing of Māori residents and their families/whānau. Residents and families/whānau engage in providing input into the resident’s care planning, their activities, and their dietary needs. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific</p>	FA	<p>The Pacific health plan aim describes the commitment to appropriate care for Pasifika at Metlifecare St Andrew's Cambridge. The Pacific health plan references the use of either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families/whānau, and providing high quality healthcare. There are Metlifecare cultural advisors that represent Pasifika staff and residents and ensure they have a voice.</p> <p>On admission all residents state their ethnicity. There were no residents</p>

<p>peoples for improved health outcomes.</p>		<p>identifying as Pasifika at the time of the audit; however, staff identifying as Pasifika were employed and stated that they would have input into resident cares to ensure that they reflected Pacific values and beliefs.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Details relating to the Code are included in the information that is provided to new residents and their families/whānau. The clinical manager (CM) supported by the facility manager (FM) and registered nurses (RNs) discuss aspects of the Code with residents and their families/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident committee meetings.</p> <p>Interviews with seven residents (one rest home resident and six hospital level residents including one requiring respite services), two families/whānau using hospital level of care, and documentation reviewed identified that the service uses a person-centred approach for people using the services and manager and staff listen to families/whānau feedback to guide individual service delivery. All stated that they received care and support as per the Code.</p> <p>The village and care manager (interviewed by phone as currently on leave), a support village manager from a neighbouring service, the assistant care and staff interviewed including two registered nurses (RNs), two care staff, one kitchen manager, cleaner, maintenance staff were able to describe care provided as per the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are held responsible for</p>

<p>services are safe and protected from abuse.</p>		<p>creating an inclusive and safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on the code of ethics, conduct and professional boundaries. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Interviews with RNs and care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>The service implements a process to manage residents' finances.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Informed consent processes were discussed with residents and families/whānau on admission as confirmed by those interviewed. Five resident files were reviewed. The resident files reviewed included signed general consent forms as part of the admission agreement. Other consent forms include vaccinations, media release and van outings were also included in the files. Residents were observed to give consent during cares on the days of audit. Residents stated that they were provided with opportunities to give consent during cares and as part of daily activities.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and</p>	<p>FA</p>	<p>The complaints policy is provided to residents and families/whānau on entry to the service. Access to complaint forms is located at the entrance to the facility or on request from staff or managers. The village and care and assistant care managers maintain a record of all complaints, both verbal and written by using a complaint register. This register is held electronically. The policy ensures that the complaints process shall work equitably for Māori with managers recognising that face-to-face communication is preferable for Māori. Residents and families/whānau</p>

<p>equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is available in te reo Māori, and English. Resident meetings are held at regular intervals and create a platform where concerns can be raised. During interviews with families/whānau, they confirmed the facility, or clinical manager is available to listen to concerns and acts promptly on issues raised. Information about support resources for Māori is available to staff to assist Māori in the complaints process.</p> <p>There have been four complaints lodged in 2024 and one to date in 2025. Discussions with the assistant care manager and a review of three complaints confirmed that complaints are managed in accordance with guidelines set by Health and Disability Commissioner and as per facility policy. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process. They also stated that they do not need to formally complain as any concerns or issues they raise are taken seriously and addressed promptly.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Metlifecare St Andrew's Cambridge is part of the Metlifecare Retirement Villages Limited group. The facility is certified to provide hospital (geriatric and medical) and rest home care for up to 24 residents in occupation right agreement (ORA) care suites or in residential rooms. All beds are certified for dual purpose use. At the time of the audit there were 12 residents at rest home level of care and 12 at hospital level of care including one on respite care. All residents are funded under the age-related residential care (ARRC) contract.</p> <p>Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare St Andrew's Cambridge business and quality plan for 2024 has been reviewed quarterly as evidenced in the reporting with the 2025 plan in place. The business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery.</p> <p>The Governance Board consists of four directors and the chair, each with their own expertise. A Māori plan is actioned at Board level. There is an</p>

		<p>external organisation that provides cultural advice to the board on any issues requiring cultural oversight and direction. The board meets quarterly; however, it receives monthly reports from the executive team. There are terms of reference for the Metlifecare governance body documented. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the strategic plan.</p> <p>Clinical governance is overseen by the organisation's clinical governance group (CGG) and clinical subcommittee which include resident advocates and cultural advisors. The general manager of clinical and risk (a geriatrician) and head of clinical oversee the activities of the CGG. The Metlifecare executive team is responsible for monitoring operations and delegates responsibility for operational management to the village and care manager. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. The clinical governance structure in place is appropriate to the size and complexity of the service provision. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The village and care manager is a registered nurse, with previous experience as a village manager at other services. The village and care manager was on leave during the audit (interviewed by phone), but the service was supported by a village manager from another site during the audit. The assistant care manager has been recently appointed into the position but has four years' experience in aged care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>Metlifecare St Andrew's Cambridge is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints, restraints). Monthly meetings (e.g., staff registered nurse, health, and safety) provide an avenue for discussions in relation to quality data; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. There are also weekly huddles with the managers, house leads, administrator, maintenance,</p>

<p>governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>activities coordinator and receptionist attending. All village and care or village managers and assistant care managers meet virtually monthly and there is a regional care manager and village care manager meeting.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Issues raised show documentation confirming resolution of issues. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices.</p> <p>There are policies and procedures to guide staff. Clinical policies are developed and reviewed by and the clinical governance group. All policies are developed and reviewed as per schedule. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices.</p> <p>A health and safety system is in place. There is a combined health and safety meeting with the village and led by the village and care manager. The hazard register is reviewed at regular intervals at the health and safety meeting. Staff incidents, hazards and other health and safety issues are discussed. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety. A consolidated report of the analysis of data across the facilities are provided to the general manager clinical and risk who reports to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care organisations. The service uses the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting. The electronic resident management system escalates alerts to Metlifecare senior team members depending on the risk level. Results are discussed in meetings and at handover. A sample of incident/accident reports were reviewed and evidenced appropriate and</p>
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		<p>timely follow up, investigations and communication to families/whānau. Opportunities to minimise future risks are identified by the managers in consultation with registered nurses and care staff.</p> <p>Discussions with the village and care, and assistant care manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any notifications required to be made to HealthCERT.</p> <p>There have been three outbreaks since the previous audit in 2024 (Covid-19) which were appropriately reported, managed, and staff debriefed</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that the workload is manageable.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff meeting minutes. The managers are available Monday to Friday. The assistant care manager is responsible for the running of the facility with support from a village manager from another site if required</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The 2024 training plan has been well implemented with good attendance from staff. The 2025 is already being implemented.</p> <p>Staff complete competencies related to their role with these completed as part of their orientation. Registered nurses complete medication competency, restraint competency, syringe driver competency and personal protective equipment competencies. Two of the five RNs along with the assistant care manager are interRAI trained. All RNs complete training topics that includes infection prevention and control, identifying and assessing the unwell resident, dementia, etc. . Registered nurses have access to Health NZ for training relevant to their scope of practice along with training from external providers such as hospice. Registered</p>

		<p>nurses have specific competencies that include syringe drivers, behaviours causing concern, diabetes etc.</p> <p>All care staff are required to complete annual competencies including restraint, moving, and handling, and hand hygiene. A selection of care staff completed medication administration competencies and second checker competencies. A record of completion is maintained.</p> <p>The service supports staff through New Zealand Qualification Authority (NZQA). Of the 15-care staff, there were 12 with level four certificate and three with level three qualifications on the day of audit.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Five staff files reviewed included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions of roles cover responsibilities. Registered nurse practising certificates are maintained in staff files. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Care staff interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There is an annual performance process implemented for all staff, and this was evidenced in all staff files reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>Five resident files were reviewed: three hospital level residents and two rest home. The assistant care manager and RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and families/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>documented in progress notes.</p> <p>General assessments, interRAI assessments and reassessments; long-term care plans; and evaluations were completed within expected timeframes. This included completion of the initial assessment (including the initial interRAI) and initial care plans. All long-term resident files had an interRAI assessment completed within the required timeframes. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable were well documented. The outcomes of the risk assessments formulate the long-term care plan.</p> <p>Care plan interventions were documented and included sufficient information around interventions to manage assessed need. Neurological observations were completed when a resident had an unwitnessed fall or had hit their head as per policy. Other monitoring forms were also completed as per care plans e.g. bowel chart; reposition charts; intentional rounding; vital signs; weight; food and fluid chart; blood glucose levels; and catheter output as required. Incident and accident reports reviewed evidenced timely RN follow up, and families/whānau are notified following adverse events (confirmed in interviews). There are policies and procedures for use of short-term care plans which are utilised for issues such as, but not limited to infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan.</p> <p>Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans are utilised for acute issues, including weight loss, wounds, skin tears, and infections. The nurse practitioner [NP] or general practitioner [GP] reviews residents at least three-monthly.</p> <p>All residents had been assessed by the NP or GP within five working days of admission. The NP or GP visit the service two days a week and provides out of hours cover. The GP interviewed on the days of audit stated that 'care is very good, that any issues are escalated in a timely manner with no evidence of abuse or neglect.' They also stated that staff and managers had very good communication with families/whānau. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts a physiotherapist to work on site for eight hours a week. Specialist services,</p>
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		<p>including mental health, dietitian, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Health NZ.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. A comprehensive handover was observed during the audit. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. The registered nurses add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and families/whānau confirmed the same. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with the NP or GP. Families/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP or GP visit, medication changes, and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>There were 13 wounds that included eight skin tears, three chronic ulcers, and two squamous cell carcinomas (SCC) on the day of audit. All wounds reviewed had an initial wound assessment and wound management plan completed. Photographs of the wound to show the healing progress were taken. An electronic wound register is maintained, and wound management plans are implemented. There is access to a wound nurse specialist. The assistant care manager and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available, and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</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</p>	<p>FA</p>	<p>There are policies documented for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Regular medications and 'as required' medications are administered from prepacked robotic packs. The RN checks the packs against the electronic</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Expired medicines were being returned to the pharmacy promptly. All medications with a short shelf life have been dated on opening.</p> <p>Staff were observed to be safely administering medications. The registered nurses and care staff interviewed could describe their role regarding medication administration. The effectiveness of 'as required' medications is recorded in the electronic medication system and in the progress notes.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP or GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing.</p> <p>There was one resident self-administering their medications. A process is documented including three-monthly competency reviews with a competency in place to confirm that the resident can safely self-administer medications. The resident has a locked storage area for medication in their room.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>No vaccines are kept on site and no standing orders are used.</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</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and families/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The kitchen manager stated that the menu included food appropriate for Māori residents. The kitchen manager</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>ensures new residents' preferences are accommodated. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place, and this expires 3 December 2025. The seasonal menu has been reviewed by a dietician last in October 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer information printed from the electronic resident management system is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau participate in all discharges and transfers to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness is displayed (expiry 20 December 2025). Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme, and buildings, plant, and equipment are maintained to an adequate standard. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Residents and families/whānau interviewed were happy with all aspects of the environment. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The assistant care manager oversees and coordinates the implementation of the infection prevention and control (IP&C) programme. The infection</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>prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the clinical governance committee in consultation with the CM. Policies are available to staff. An annual review of the programme is documented.</p> <p>There has been additional training and education around Covid-19, and staff were informed of any changes through meetings and handovers. Staff have completed handwashing and personal protective equipment competencies.</p> <p>The infection prevention and control (IP&C) coordinator is responsible for ensuring staff receive ongoing education. The IP&C coordinator has completed recent external training relevant to their role.</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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in policy. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Infection prevention and control surveillance data is discussed at the quarterly IP&C meetings and monthly as infections arise at the RN meetings.</p> <p>There have been three Covid-19 exposure events In May, September, and December 2024. Metlifecare St Andrew's Cambridge successfully followed and implemented their outbreak plan. Staff wore personal protective equipment (PPE). Families/whānau were kept informed by phone or email or if there were any changes to visiting. Outbreak data has been documented, discussed, and reviewed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint. The restraint coordinator (designated RN) was interviewed, and they described the organisation's commitment to not using restraint.</p>

<p>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>The restraint policy confirms governance commitment to aim for a restraint-free environment and when restraints are used; that restraint consideration and application must be done in partnership with families/whānau, and the choice of device would be the least restrictive possible.</p> <p>Staff attend training in behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at RN, and staff meetings. Any use of restraint would be monitored through the quarterly restraint meetings that continue to be held even through there has not been any use of restraint since the last audit.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there 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.