

Metlifecare Retirement Villages Limited - Metlifecare Somervale

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:	Metlifecare Somervale
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 January 2025 End date: 16 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:	60

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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service 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 partially attained and of low risk

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

General overview of the audit

Metlifecare Somervale is owned and operated by Metlifecare Retirement Villages Limited and cares for up to 85 residents requiring hospital (geriatric and medical), and rest home levels of care. On the day of the audit there were 60 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff. The general practitioner was unavailable for interview at the time of audit.

The village manager is appropriately qualified and experienced in healthcare management. The village manager is supported by a clinical manager who also has extensive experience and is a registered nurse.

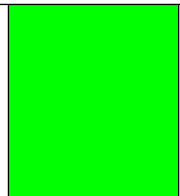
There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The findings related to staffing and the fire evacuation scheme identified at the partial provisional audit have been addressed.

A shortfall in relation to the building warrant of fitness remains ongoing.

This surveillance audit identified no new 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 fully attained.
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Metlifecare Somervale provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Metlifecare Somervale provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 fully attained.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety and general manager clinical and risk and a consolidated report and analysis of all Metlifecare facilities are then provided to the Board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

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 fully attained.
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Registered nurses assess residents on admission. A one-to-21-day care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment within the required timeframe and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents are assessed by a physiotherapist and have access to a podiatrist and dietitian. Residents have their needs

met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs and preferences of the residents. The menu has been reviewed and approved by a registered dietitian. Specific dietary needs, allergies and intolerances are catered for. All meals and baking are prepared and cooked on site. The service has a current food control plan. Residents and family confirmed satisfaction with meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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.		Some subsections applicable to this service partially attained and of low risk.
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There is a current B-Rad certificate in place. There is evidence the systems comply with the required standard. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building is spacious and well maintained. Residents have ready access to safe and appropriate outdoor gardens.

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 fully attained.

There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform the service providers.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through meetings, and education sessions. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak since the previous audit.

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 fully attained.

The restraint minimisation policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. There is no use of restraint. Staff receive ongoing training in restraint minimisation and safe practice and complete an annual competency test.

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	1	0	0	0
Criteria	0	49	0	1	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 in place which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Metlifecare Somervale (hereafter Somervale) has a relationship with the local marae and links are established with the other kaumatua via Somervale Māori staff for activities such as blessing of the rooms. Comprehensive cultural assessments are completed for residents who identify as Māori.</p> <p>Interviews with nine staff (two caregivers, three registered nurses [RNs], one chef, one maintenance person, one administrator; and one housekeeper; the management team (village manager, clinical manager, and regional clinical manager) demonstrated a knowledge of implementing the principles of Te Tiriti O Waitangi to all aspects of the service.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit; however, Pasifika staff members confirmed that the residents' whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions when they enter the service.</p> <p>Somervale partners with Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to The Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village and care manager, clinical manager, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Residents (five hospital, two rest home), and family/whānau (five hospital, one rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Somervale's policies documents guidelines on actions required to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and 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 creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, the understanding of injustices/bias and the code of ethics. Metlifecare strategic direction, mission and values includes a commitment to abolish institutional racism.</p> <p>Staff complete education at orientation and annually as per the training plan</p>

		<p>on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>	FA	<p>There are policies that guide informed consent. Five resident files reviewed included a signed general informed consent form. Consent forms for vaccinations were also on file, where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable and activation letters were on file where appropriate.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The village and care manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been ten internal complaints in 2024, and none in 2025 year to</p>

<p>equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>date (since the previous audit). There have been no external complaints.</p> <p>There were no trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff, registered nurse/ quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional clinical manager and Head of Clinical.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility, nurses station and on request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the village and care manager or clinical manager are available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The managers interviewed acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Somervale is located in Mount Maunganui, and is owned by Metlifecare Retirement Villages Limited, a company registered in compliance with legislative, contractual, and regulatory requirements. The regional clinical manager interviewed confirmed the governance structure. The Governance Board consists of four directors and the chairperson, each with their own expertise. Metlifecare's te ao Māori strategy incorporates the principles of Te Tiriti o Waitangi principles, including partnership in recognising all cultures as partners and valuing each culture for their contributions. Cultural advisors at governance level ensure Māori have meaningful representation and substantive input into organisational operational policies. Metlifecare's Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within Metlifecare. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori health plan is to develop meaningful relationships with kaumātua/kuia/koroua at</p>

	<p>governance, operational and service levels. Metlifecare has established working partnerships with Māori to complement this action, including respected kaumātua. The board meets quarterly; however, receive monthly reports from the senior executive team (Chief Financial Officer, General manager Operations, General manager clinical and risk, General manager sales and marketing, General manager people, General manager property and Chief information officer).</p> <p>Somervale provides care for up to 85 residents at hospital level (geriatric and medical), and rest home levels of care. All beds are certified as dual-purpose beds, and all are single occupancy. On day one of the audit, there were 60 residents: 39 hospital level, including one on a palliative contract, and two on respite care funded by Accident Compensation Corporation (ACC); and 21 rest home (including two in serviced apartments. All residents other than palliative, and ACC respite care were under the age-related residential care (ARRC) agreement. 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 Somervale business and quality plan for 2024-2025 is reviewed quarterly as evidenced in the monthly reporting structure. Somervale business plan describes specific and measurable goals.</p> <p>There are four regional clinical managers; head of clinical, a clinical quality specialist (oversees clinical projects), an infection prevention and antimicrobial specialist who support the Metlifecare facilities. Clinical governance is overseen by the organisation's Clinical governance group (CGG) and Clinical subcommittee which include resident advocates and cultural advisors. The CGG oversee the development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician physician) and head of clinical oversee the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes, and continuous improvement activities, including equitable service delivery.</p> <p>The village and care manager (ex-registered nurse) has been in the role for three weeks; however, has extensive experience in aged care nursing, and management, including over five years spent with Metlifecare. They are supported by the clinical manager who has been in the role for four weeks (but also has extensive experience), registered nurses, and a team of</p>
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		<p>experienced staff.</p> <p>The management team stated they received a comprehensive handover and orientation to their respective roles. The related orientation included topics on managing an aged care facility (privacy related training, business, infection control, cultural, Te Tiriti O Waitangi and restraint training).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Somervale has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked internally. Meeting minutes reviewed evidence quality data is shared in the care, health and safety and quality meetings. Internal audits are completed according to the annual schedule. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints, compliments, staffing, and education. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. Resident and family/whānau satisfaction surveys are completed annually, with the most recent in March 2024 showing increased satisfaction with the service when compared to the previous years' survey, with no corrective actions required.</p> <p>A health and safety system is being implemented with the service having trained health and safety representatives. Hazard identification forms and an up-to-date hazard and risk register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Ten accident/incident forms reviewed (unwitnessed falls, witnessed falls, and behaviours of concern) indicated that the incident forms are completed in full and are signed off by an RN and the clinical manager. Incident and accident data is collated monthly and analysed by both the management team, including regional clinical manager. Results are discussed in the RN, staff, and health and safety meetings.</p>

		<p>Discussions with the management team evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications related to a change in management, a power outage and Health Quality and Safety Commission (HQSC) reports have been submitted related to falls with fracture, and a fall resulting in death. There has been one outbreak since the last audit.</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, determines staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. There is a first aid trained staff member on duty 24/7. A review of the rosters evidence there is a registered nurse on site 24/7. The partial attainment identified at the partial provisional audit related to criteria # 2.3.1 has been addressed.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers, or nurses. Out of hours on-call cover is shared on a rotation between the village and care manager, clinical manager, and registered nurses. The clinical manager, and regional clinical manager will perform the village and care manager's role in their absence. The village and care manager and clinical manager are available onsite Monday to Friday.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-three caregivers are employed, thirty of whom have achieved a level 3 or above NZQA qualification. The Somervale orientation programme ensure core competencies and compulsory knowledge/topics are addressed.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include syringe driver, wound competency and interRAI assessment competency. All RNs have attended in-service training which</p>

		<p>included a range of clinical topics specific to the current residents` needs.</p> <p>Annual competencies include restraint, moving and handling, hand hygiene, second checker for medication or medication administration competency and correct use of personal protective equipment. A selection of caregivers complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system. Eleven registered nurses are employed with six of them interRAI trained. All registered nurses are encouraged to also attend external training, webinars and zoom training where available.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (two RNs, two caregivers, and one housekeeper) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position.</p> <p>A register of practising certificates is maintained for all health professionals (including RNs, GPs, pharmacy, physiotherapy, and dietitian). All staff who have been employed for over one year have an annual appraisal completed.</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> <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>	FA	<p>Five resident files were reviewed including three hospital level (including one on palliative care) and two on rest home level of care. Senior registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident, family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the ARRC.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review</p>

	<p>by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on call services. A physiotherapist is contracted for nine hours per week and completes mobility assessments and makes recommendations for the mobility/transfer section of the care plan and exercises to improve strength and balance. Residents have access to a visiting podiatrist six-weekly. Metlifecare employs a dietitian and their input is sought where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans which include details to manage all medical, social and cultural needs.</p> <p>Registered nurses and caregivers described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind and answer call bells promptly. The general practitioner was not available to be interviewed but there was evidence in progress notes of timely discussion with the general practitioner when there are any concerns.</p> <p>Caregivers interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan and on each shift. Registered nurses document at least daily in the progress notes. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident, changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of the resident change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/whānau are invited to either attend for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and</p>
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		<p>if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs which is monthly as a routine but more frequent when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or falls with a suspected head injury. Monitoring charts are completed according to identified needs and include but are not limited to bowels, food and fluids, behaviour, blood glucose levels, positioning, personal cares and falls risk. At the time of the audit there was a total of 18 wounds and no pressure injuries. Staff stated they are unable to get support from a wound nurse specialist but senior registered nurses have had external training in wound management. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</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>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic medication administration platform is in place for prescribing and documenting administration of medications. A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers. All staff administering medications are required to complete an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys, locked medication rooms and a controlled medication safe. The registered nurses complete checks of expiry dates of stored medications and count the controlled medications weekly as required and six-monthly with the pharmacist. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications</p>

		<p>and eye drops are labelled with the date of opening.</p> <p>Ten medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and family/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription and the effectiveness is documented in the electronic medication system.</p> <p>There are no standing orders and no residents self-medicate, although there is a process for this documented in the policy.</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>	FA	<p>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the chef who keeps a whiteboard of this information up-to-date and has a folder with all dietary profiles. For main meals there are two options plus a vegetarian option, and alternatives are prepared if menu options do not suit individuals. The chef meets with residents monthly to gain feedback on the meal service. Cultural preferences and celebrations are catered for. Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they do not like what is provided, an alternative is offered.</p> <p>The food control plan was issued on 4 November 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our</p>	FA	<p>Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>A B-Rad was issued on 23 September 2024. A system report and declaration dated 28 May 2024 specified a building warrant of fitness could not be issued as two of the monthly inspections were not able to be confirmed as completed. The letter further specified the system is currently performing to the standard. A building warrant of fitness is expected in October 2025. The care suites are signed off as compliant and come under the B-Rad; however, as there is no building current building warrant of fitness in place.</p> <p>A maintenance person is employed part time to carry out planned maintenance and inspections. Staff request repairs and maintenance on an electronic system and this is automatically notified to the maintenance person. Essential contractors such as plumbers and electricians are available 24 hours as required. Review of maintenance records show clinical equipment including hoists was serviced and calibrated as needed in October 2024 and electrical appliances were tested and tagged in December 2024.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</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>FA</p>	<p>There is an approved fire evacuation scheme that includes the care suites. Fire doors have been installed as per the fire and emergency plan. The plan has been fully approved, following installation of the fire doors. The partial attainment identified at the partial provisional audit related to criteria # 4.2.1 has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan. Policies are available to staff.</p> <p>Somervale has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation and planning for the management of lockdowns, screening, transfers into the facility and positive tests. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection prevention and control nurse (IPC RN) oversees infection control and the anti-microbial stewardship programme across Somervale and is responsible for coordinating/providing education and training to staff. The job description outlines the responsibility of these roles. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control related education in the last 12 months. There is good external support from the general practitioner and Health New Zealand infection control nurse specialist.</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>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The IPC RN uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs symptoms and reporting criteria. Infection control data is entered into the infection register. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates quarterly through an external consultancy service, and internally monthly. Trends, benchmarking, along with actions and outcomes are discussed at the RN, staff, health and safety meetings. Meeting minutes and graphs are displayed for staff. The services incorporate resident ethnicity data into surveillance. Results of surveillance and recommendations are reported back to the Clinical governance group and shared with relevant people in a timely manner.</p>

		<p>Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand and public health for any community concerns. There has been one outbreak since the previous audit (Covid-19 January 2025) which was reported on and managed appropriately.</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>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint including a holistic assessment, an approval process that includes family/whānau and the general practitioner. Identifying alternative strategies including de-escalation, and monitoring of care.</p> <p>Staff receive ongoing training in maintaining a restraint free environment, de-escalation, cultural safety, and alternative strategies to the use of restraint. Caregivers and registered nurses receive training and competency testing annually in restraint minimisation.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	There is no current building warrant of fitness certificate in place. A current B-Rad certificate is in place which was issued on 28 May 2024. All systems have been certified as being safe.	There is no current building warrant of fitness displayed.	<p>Ensure a building warrant of fitness is displayed.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.