Metlifecare Retirement Villages Limited - The Village Palms

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:	The Village Palms
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 2 April 2025 End date: 3 April 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: 61

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 haumaru │ 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
	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
	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

The Village Palms is owned and operated by Metlifecare Retirement Villages Limited and provides care for up to 78 residents requiring hospital (geriatric and medical), residential disability services – intellectual, physical, sensory and rest home levels of care. At the time of the audit there were 61 residents in total.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is appropriately qualified and has extensive experience in aged care management. The village manager is supported by a nurse manager who has experience in aged care nursing and is a registered nurse.

There are quality systems and processes being implemented. Feedback from residents and family/whānau 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 service has addressed all seven of the previous audit findings relating to links with Māori and Pasifika organisations, informed consent, care planning, quality management, alternate cooking facilities and restraint reporting.

There were no shortfalls identified at this surveillance audit.

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.

The Village Palms 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 in place. 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. 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.

The business plan 2025 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 policies and processes have been implemented and are embedded in practice. A staffing and rostering policy is in place. Human resources are managed in accordance with good employment practices. 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.

The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. All residents' transfers and referrals are coordinated with residents and families/whānau.

Te aro ki te tangata me te taiao haumaru | 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 fully attained.

The facility holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

The infection prevention and control programme has been reviewed annually and is linked to the quality system. 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. There have been five outbreaks 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 facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	21	0	0	0	0	0
Criteria	0	54	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
Subsection 1.1: Pae ora healthy futures 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.	FA	A Māori health plan is documented for the service, which The Village Palms utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. There were no residents who identified as Māori at the time of the audit. The service currently has Māori staff employed. The Village Palms recognises Māori mana motuhake and this is reflected in the Māori health plan.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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 peoples for improved health outcomes.	FA	The Pacific Health Plan has been updated in 2025 and is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau and providing high quality healthcare. There were no residents identifying as Pasifika at the time of the audit. There were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at The Village Palms. The service partners with Etu Pasifika (Health, Wellbeing & Whānau Ora Services) to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. The previous partial attainment in

		#1.2.5 has been addressed relating to links with Pacific organisations.
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.	FA	Details relating to the Health and Disability Commissioner's (HDC) 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 manager and nurse manager interviewed, demonstrated how it is also provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. The Code is displayed in multiple locations in English and te reo Māori. Four residents (three hospital including one on a younger person with a disability [YPD] contract and one rest home) and three family/whānau (two hospital and one rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.
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.	FA	The abuse and neglect policy is being implemented. The Village Palms policies documents actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Metlifecare's strategic direction, mission and values includes a commitment to abolish institutional racism. There are established policies and protocols to respect resident's property, including a process to manage and protect resident finances. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Interviews with twelve staff (four RNs including the assistant care manager, five caregivers, one kitchen manager, one maintenance person and one quality coordinator) and the management team (village manager, nurse manager and regional clinical manager) demonstrated an understanding of professional boundaries when interviewed.

Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Five resident files reviewed included signed general informed consent forms within the admission agreement. The previous partial attainment in #1.7.1 relating to informed consent has been addressed. 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. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Enduring power of attorneys activation letters were on file where appropriate.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints management procedure is provided to residents and family/whānau on entry to the service. The village 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). There has been 16 complaints/concerns made since the previous audit in September 2023. 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 monthly quality/staff and RN/clinical meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional clinical manager (who was present at the time of the audit). 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 manager or nurse

		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.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The Village Palms is part of Metlifecare Retirement Villages Limited and provides care for up to 78 residents at hospital (geriatric and medical), residential disability services – intellectual, physical, sensory and rest home levels of care. The service has 68 dual purpose beds and 10 serviced apartments operating under age-related residential care (ARRC) agreement in occupation rights agreements (ORA). There were 61 residents in the facility at the time of the audit, 27 rest home residents including; one in the serviced apartments and 30 hospital residents including. There were four residents on a younger person with a disability (YPD contract) one resident at hospital level care and three at rest home level of care. There were no double or shared rooms. There was a married couple, who were in single rooms at the time of the audit. The Governance Board consists of four directors and the chairperson, each with their own expertise. The regional clinical manager interviewed confirmed the governance structure. 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. Metlifecare's Māori Health Plan has a set of actions to address barriers and provide equitable care for Māori accessing care and employment within Metlifecare. The Board meets quarterly; however, they receive monthly reports from the senior executive team. 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 Village Palms business and quality plan for 2025 is reviewed quarterly as evidenced in the monthly reporting. The Village Palms business plan describes specific and measurable goals. Clinical governance is overseen by the organisation's clinical governance group and clinical subcommittee which include a resident, resident advocates, and cultural advisors. The clinical governance group oversees the development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The clinical subcommittee oversees clinical risk, outcomes, and continuous improvement activities, including equitable service delivery. The village manager (non-clinical) and nurse manager have both been in their roles for one year. The village manager has extensive experience in aged care management and the nurse manager has experience in aged care nursing. They are supported by an assistant care manager, care experience manager, quality coordinator, team of RNs and experienced care staff.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The Village Palms has an established quality and risk management programme in place. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked internally. Monthly quality/staff, RN/clinical and health and safety meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; hazards; infection control/pandemic strategies; restraint; housekeeping; kitchen/food services; complaints; staffing and education. 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. Facility meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. Staff interviewed confirmed that they have the opportunity to provide input into the meeting. The resident and family/whānau satisfaction survey (July 2024) indicated an overall satisfaction of the services provided in most areas. Corrective actions

		have been completed around care staff taking the time to get to know the residents, activities provided to meet residents interest, and private spaces to be available for residents and their family/whānau. The previous partial attainment in #2.2.3 relating to quality management has been addressed. 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 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. Twelve accident/incident forms reviewed (unwitnessed falls, witnessed falls and skin tears) indicated that the incident forms are completed in full and are signed off by a RN and the nurse manager. Incident and accident data is collated monthly and analysed by both the management team and regional clinical manager. Results are discussed in the RN/clinical, quality/staff and health and safety meetings. Discussions with the management team evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been four incidents requiring Section 31 notifications to be submitted since the last audit. Severity assessment code (SAC) reports have been submitted as required. Two notifications of change for the village manager (March 2024) and nurse manager (May 2024) were completed. There have been five outbreaks since the last audit which was notified in a timely manner.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-	FA	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. The village manager and nurse manager are available from Monday to Friday and assistant care manager from Tuesday to Saturday. The village manager is available for any operational related matters after hours. Out of hours on-call cover is shared between the nurse manager and assistant care manager for any clinical issues. A review of the rosters evidenced there is an RN on site 24/7. There is always a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels,

centred services.		evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers or RNs. There is an annual education and training schedule completed for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training. Training has also been provided in relation to caring for the younger person a disability including (but not limited to) privacy, behaviour, pain, sexuality/intimacy, person centred care and culture. Cultural safety training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and hospice. The Village Palms supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce certificate for health and wellbeing. There are thirty-four caregivers employed in total, twenty-nine have achieved either a level three or level four NZQA qualification. The Village Palms orientation programme ensure core competencies and compulsory knowledge/topics are addressed. 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 included a range of clinical topics specific to the current residents. 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. There are twelve RNs (including the nurse manager and assistant care manager) with ten of them interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse	FA	Six staff files reviewed (one nurse manager, one RN, three caregivers and one kitchen manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that

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. 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.		includes outcomes, accountability, responsibilities and functions to be achieved for each position. A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have the Metlifecare Peak Performance and objectives completed. 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. Competencies are completed at orientation.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The organisation has links to Māori health support through Health New Zealand. At a local level the service has links with a Māori Authority, Te Runanga o Nga Maata Waka (located at the local Marae) who provide support and guidance for Māori people when required. The previous partial attainment in #3.1.6 relating to links with Māori organisations has been addressed.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident files were reviewed: three hospital residents (including one on a YPD contract) and two rest home level residents. The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All residents except the YPD had an interRAI assessment, in addition to a full suite of assessments contained in the electronic resident management system, which incorporate, skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and

		behavioural support needs. The YPD residents have a full suite of paper based assessments completed soon after admission and reviewed six monthly or sooner if health needs change. Assessments include (but are not limited to) falls, pressure injury risk, pain, mobility, cognition, behaviour, nutrition and cultural spiritual. The long term care plans were comprehensive, promote independence and were individualised. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. The previous partial attainment in #3.2.3 relating to care planning has been addressed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. Multidisciplinary meetings involving families are completed six monthly. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for

		residents with disabilities to access relevant disability services. The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The two contracted GP's each visit twice weekly and as required. One of the contracted GP's is also on-call for the facility out of hours. Where after hours support is not available there is a local 24 hour after hours service available. Medical documentation and records reviewed were current. The GP (interviewed) described how the facility operates at a high standard and is generally proactive in seeking support. A physiotherapist visits the facility weekly and on request to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. An adequate supply of wound care products was available at the facility as sighted. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were ten active wounds, including skin tears, a chronic ulcer, skin lesions and an abrasion. The progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed falls as per policy. The previous partial attainment in #3.2.3 relating to neurological observations has been addressed. A range of monitoring charts are available for the care staff to utilise. These include, (but are not limited to), monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system, and robotics medication sachet packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly and have a six-monthly pharmacy check. Eyedrops are dated on opening. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were seven residents self-administering medication, for whom the procedures and policy regarding competence had been followed, and safe storage for medications was in place. No vaccines are kept on site, and no standing orders are used. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements

consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents' requests. There is a verified food control plan, expiring 3 December 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
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.	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
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.	FA	The buildings, plant, and equipment are fit for purpose at The Village Palms and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and can personalise their room. The building warrant of fitness is current with the expiry date 1 November 2025. There is a maintenance request book for repair and maintenance; requests are signed off as completed in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hot water temperatures reviewed were all within the required 40-45 degrees Celsius. Essential contractors/tradespeople are available 24 hours a day as required.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The facility has an agreement in place with a contractor who will provide a generator should his be required. The Village Palms has a large gas barbeque (including three s bottles) on site that is available to provide cooking facilities in the event of an emergency. The previous partial attainment in #4.2.7 relating to alternate cooking facilities has been addressed.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of 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. The Village Palms 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. 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.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme,	FA	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 infection prevention control nurse (IPC RN) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service. 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.

and with an equity focus.		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 service incorporates resident ethnicity data into surveillance. 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 have been five outbreaks since the previous audit (one respiratory in August 2024 and four Covid-19 in January, February and December 2024 and January 2025) which were reported on and managed appropriately.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Metlifecare is committed to a restraint free environment for its facilities and Village at the Palms is restraint free. An RN is the restraint coordinator and described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment and therefore upholding the dignity of the residents under their care. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were no residents utilising restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and	FA	Three monthly restraint review meetings are held and include RN, restraint coordinator and caregiver representation . The previous partial attainment in #6.3.1 relating to restraint reporting has been addressed.

reviewing data and implementing improvement activities.		

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

No data to display

End of the report.