

Metlifecare Retirement Villages Limited - Metlifecare Powley

Introduction

This report records the results of a Certification 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 Powley
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 1 May 2025 End date: 2 May 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:	44

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
	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

Metlifecare Powley is owned and operated by Metlifecare Retirement Villages Limited. The facility is part of a well-established village in Auckland. The service provides hospital (medical and geriatric) and rest home levels of care for up to 45 residents. On the day of the audit there were 44 residents.

This certification 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 general practitioner.

There have been no changes to the facility; however, communal spaces have been refurbished. There has been no change in management since the last audit.

The nurse manager, a registered nurse is suitably qualified and experienced in aged care. The nurse manager is supported by a senior registered nurse, the regional clinical manager, village manager, and team of experienced healthcare assistants.

The certification audit the service meets the Standard. A continuous improvement rating is awarded for the surveillance and management of urinary tract infections.

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.

Metlifecare Powley provides an environment that supports residents' 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 Powley 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. Complaint 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.

Metlifecare Powley is operated by Metlifecare Retirement Villages Limited. The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based

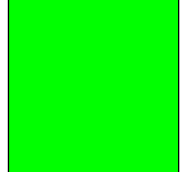
approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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.

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.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

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 are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits weekly and is available on call after hours. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau.


Medication management is in accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by an activities coordinator who is a registered diversional therapist. A broad range of group and individual activities are provided including van outings. Cultural diversity is celebrated.

All meals and baking are prepared and cooked onsite. Dietary preferences, allergies, intolerances and specific needs are catered for.

There is a process in place for the safe transfer and discharge of residents.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas.

There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies and civil disasters through training, sufficient supplies and an agreement in place for a generator. There is always at least one staff member on duty with a current first aid certificate. Call bells are readily available to residents at all times.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There has been no outbreaks documented since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.

Metlifecare has a documented commitment to eliminate restraint in all their facilities. Restraint policies and procedures are in place. Restraint is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Maintaining a restraint-free environment is included as part of the education and training plan. Restraint is an agenda item at quality, clinical, and staff meetings.

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	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>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>	<p>FA</p>	<p>A Māori health plan is documented for the service and based on He Korowhai Oranga: Māori Health Strategy 2014. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Metlifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members from Te Kawerau ā Maki to share interests across the northern region. Cultural assessments are in place and are completed for residents who identify as Māori (when required).</p> <p>The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Metlifecare Powley. Metlifecare Powley business plan and Cultural Responsiveness policy documents a commitment and responsiveness to a culturally diverse workforce. Ngati Whatua o Orakei are actively involved in education. At the time of the audit, there were staff members who identified as Māori. Metlifecare is supporting Māori staff to succeed in the workplace, the Māori health plan documents workforce inclusion strategies. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. There were no</p>

		<p>residents who identified as Māori at the time of the audit.</p> <p>Interviews included 15 staff (seven caregivers, three registered nurses [RNs], kitchen manager, maintenance person, one activities coordinator [also the cultural champion/advisor] and two domestic aids[cleaner and laundry assistant]) and four managers (nurse manager, village manager, clinical quality specialist and regional clinical manager) explained how they provide high-quality, equitable, and effective services.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>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>	FA	<p>The Pacific Health Plan describes the commitment to appropriate care for Pasifika residents of Metlifecare Powley. The Pacific Care Plan supports either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There are Metlifecare cultural champions that represent Pasifika staff and residents and ensure they have a voice.</p> <p>There were no residents identifying as Pasifika at the time of the audit. The nurse manager confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, and recognition of cultural needs.</p> <p>Metlifecare Powley partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. The Code of Health and Disability Services Consumer Rights (the Code) is accessible in a range of languages.</p> <p>The nurse manager confirmed how Metlifecare Powley increases the capacity and capability of the Pacific workforce as described in the business plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager and senior registered nurse discuss aspects of the Code with residents</p>

<p>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>		<p>and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Staff complete Code of Rights training at orientation.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held weekly, and these are well attended by residents. Staff have completed cultural training which includes Māori rights, implementation of Te Tiriti o Waitangi, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Metlifecare Powley business and quality plan for 2024-2025 and the Māori health plan. Regular cultural safety audits are completed as part of the annual internal audit schedule.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with 12 residents (six rest home and six hospital level) and four family/whānau (hospital level) confirm that individual cultural beliefs and values are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice; they are treated with respect, and they participate in decision making. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities</p>

<p>experiences.</p>		<p>they participate in and who they socialise with.</p> <p>The Metlifecare annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is resident directed, holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to privacy; this was confirmed by a married couple who were interviewed. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Care plans reviewed evidence the independence of residents is respected and is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans document resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the activity assessment and 'Know Me Booklet' and in the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys evidenced resident satisfaction in relation to upholding residents' spiritual and cultural needs.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo Māori resources are available on the education platform. Cultural training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori. Cultural days are celebrated and the activities programme meets tāngata whaikaha social needs and enable their participation in te ao Māori.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Metlifecare Powley policies documents actions taken 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 on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and 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 and code of ethics are covered as part of orientation. A holistic strength based model of care is implemented and is evident throughout all areas of the service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Residents are also supported by their EPOA (enduring power of attorney) to develop their goals in their care journey.</p> <p>Policies and procedures relating to accident/incidents, complaints, and</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large-print format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau which evidence effective communication. There is a site-specific cultural champion available to support residents.</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</p>	<p>FA</p>	<p>The Informed and Voluntary Consent policy guides staff around informed consent processes. The resident files reviewed included signed general consent forms as part of the admission agreement. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</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. Where an EPOA has been activated an activation letter and incapacity assessment was on file.</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 equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a Metlifecare complaints and feedback policy. Information about the complaint's procedure is provided to residents and family/whānau on entry to the service. The nurse manager maintains a record of all formal complaints, feedback and concerns, both verbal and written, by using a complaint register.</p> <p>There were two complaints documented since April 2024- 2025 year to date. All complaints are closed. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines identified set by the Health and Disability Commissioner (HDC). The complaints were closed off to the satisfaction of the complainants. There were no trends identified 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. There were no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a</p>

		<p>concern including but not limited to resident meetings, or one on one with management or through the website. During interviews with family/whānau, they confirmed the nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and 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 residents in the complaints process, when required. The complaints management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The nurse manager 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>Metlifecare Powley is owned by the Metlifecare Retirement Villages Limited group. The care facility is part of an established retirement village. The facility is certified to provide hospital (medical and geriatric) and rest home level of care for up to 45 residents in the care facility. All beds are certified for dual purpose and single occupancy. At the time of the audit there were 44 residents in the care facility: 35 hospital residents and nine rest home level residents. All residents were on the age-related residential care (ARRC) contract.</p> <p>Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare Powley business and quality plan for 2024-2025 is reviewed quarterly as evidenced in the monthly reporting. Metlifecare Powley business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery and include medication optimisation, quality palliative care and cultural safety.</p> <p>The regional clinical manager confirmed the governance structure. The Metlifecare clinical and quality specialist partake in the audit process. The governance board consists of five directors and the chairperson, each with their own expertise. A Māori plan is actioned at board level. There is an external organisation that provides cultural advice to the</p>

	<p>board on any issues requiring cultural oversight and direction. 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>The terms of reference for the Metlifecare governance body adheres to a documented agreed terms and reference. The Board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the strategic plan.</p> <p>The Metlifecare executive team is responsible for the operational responsibility. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Metlifecare Powley are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. There are structured opportunities (six monthly surveys, monthly resident meetings) for family/whānau to provide feedback to participate in the planning and implementation of service delivery.</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 includes 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</p>
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		<p>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 and reports to the board.</p> <p>The nurse manager is a registered nurse and has been in the role for two and a half years. The nurse manager have previous aged care management experience. The nurse manager is supported by a village manager who provides operational support and a regional clinical manager who provides clinical support and oversees six Metlifecare care centres. The village manager has been employed in their role at Metlifecare Powley for three and a half years. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager. The nurse manager has a master's degree in clinical nursing, completed auditor training and Health New Zealand leadership courses.</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>The use of the new resident management system, electronic medication system and policies and procedures are fully embedded and implemented. Metlifecare Powley is implementing their documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, wounds and pressure injuries, behaviour of concerns, complaints, restraints).</p> <p>A range of meetings (eg, staff quality meeting, registered nurse quality meeting, health and safety meeting, infection control meeting, head of department meeting and restraint meeting) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Clinical effectiveness and the provision of a safe environment is regularly reviewed through the completion of internal audits.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions recorded where indicated. Quality</p>

	<p>data and trends in data are posted on a quality noticeboard, located in the staff room. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori; this is evident through the annual cultural safety audit completed. Tāngata whaikaha, with the support from a resident advocate, have meaningful representation through the monthly resident meetings and six-monthly multidisciplinary meetings.</p> <p>A six-monthly resident and family/whānau survey is conducted by an independent external company. The results of the December 2024 resident and family/whānau satisfaction survey evidence an overall satisfaction rate of 70 percent. The residents, family/whānau and staff received the results. The nurse manager completed a corrective action plan to improve activities as the overall satisfaction result was the lower than expected. Interviews with resident and family/whānau stated they had noticed an improvement on activities programme for 2025. A continuous improvement rating is awarded for the surveillance and management of urinary tract infections (link 5.4.4).</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the clinical quality specialist and clinical governance group. New policies or changes to policy are communicated and discussed with staff and available on the intranet.</p> <p>A health and safety system and health and safety manual in place. There is a health and safety committee and monthly health and safety meetings led by the village manager and supported by the Metlifecare health and safety business partner. The hazard and risk register is reviewed at regular intervals at the health and safety meeting (monthly). Staff incidents, hazards and other health and safety issues are discussed at various meetings, collated at facility level, reported to the health and safety business partner. A consolidated report of the analysis of data across the facilities are provided to the general</p>
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		<p>manager clinical and risk that reports to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care organisations. Ethnicity data is linked to benchmarking data and is used to provide health equity through critical analysis of organisational practices. The electronic resident management system escalates alerts to Metlifecare senior team members depending on the risk level. Results are discussed in meetings and at handover. A sample of incident/accident reports and six-monthly incident reporting internal audit results were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the nurse manager in consultation with registered nurses and caregivers.</p> <p>Discussions with the nurse manager and regional clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. Notifications were made to HealthCERT as required since the last audit, and there have been severity assessment code (SAC1 and SAC 2) notifications made to the Health Quality and Safety Commission appropriately. There have been no outbreaks 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 an acuity and clinical staffing ratios policy that describes rostering, staffing and rationale. The roster provides sufficient and appropriate cover for the effective delivery of clinically safe care and support to residents. There is 24/7 RN cover; with at least two RNs on the morning shift, and on the afternoon and another RN during the night shift. The RNs are supported by sufficient number of caregivers on each shift.</p> <p>Caregivers reported staffing is adequate and the workload is manageable. There are enough staff allocated to cover the care facility. There is a Metlifecare internal casual staff pool (Metflex) to assist with roster cover. The rosters reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau</p>

	<p>interviewed confirmed their care requirements are attended to in a timely manner. The call bell reports reviewed confirm timely attendance to residents` needs. Meeting minutes evidence staff and residents are informed when staffing levels change.</p> <p>The nurse manager works full-time (Monday to Friday). In the absence of the nurse manager the senior registered nurse will oversee the service. There is an afterhours on call roster for clinical support provided by the senior RN and nurse manager.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training topics which includes cultural training and is done as part of the mandatory training curriculum in `Peak Academy`. External training opportunities for care staff include training through Health New Zealand the hospice, face to face training in house and webinars. A total of 28 topics have been completed in 2024 and a 100% attendance rate for mandatory training topics.</p> <p>There is a Metlifecare learning and development team (including a Careerforce assessor) that supports staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents at Metlifecare Powley. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-four caregivers are employed, and 23 hold a national certificate in health and wellbeing level three or above. There is a comprehensive library with resources on the intranet. Metlifecare supports all employees to transition through the NZQA certificate in health and wellbeing.</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,</p>
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		<p>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, medication optimisation and deprescribing, palliative care, diabetic management and dementia care. There are eight RNs and all have interRAI competency.</p> <p>All caregivers are required to complete competencies at orientation. 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.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff recruitment processes are managed by the Metlifecare recruitment team on an electronic human resources system(Meteor). Seven staff files reviewed; four registered nurses (including nurse manager) and three caregivers evidenced implementation of the recruitment process, employment contracts, police vetting checks and evidence of a completed 12-week orientation workbook. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All peak performance (appraisal) objectives are set at the beginning of the financial year and performance is measured against the objectives and completed at the end of each financial year.</p>

		<p>All staff files reviewed had a completed peak performance objective evaluation completed.</p> <p>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. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented. The staff return to work programme following injuries are managed by an external company.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Metlifecare disaster management plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment service coordination (NASC) were sighted in residents' files. There is accurate information about the facility and services available on the Metlifecare Powley website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the nurse manager or administrator will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. A follow-up phone call is made to the prospective resident or their family/whānau to answer any further questions. Residents and families/whānau interviewed expressed the entry process was well explained, staff were understanding of the emotional impact that moving into an aged care facility caused and feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer.</p> <p>The nurse manager maintains a register of enquiries and this shows the reasons for not entering the service. Ethnicity data is included in the enquiry form.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The nurse manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	<p>FA</p>	<p>Seven resident files were reviewed including five hospital level and two rest home level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning. The</p>

<p>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>	<p>physiotherapist is contracted for eight hours per week and has input into mobility and falls prevention plans and the activities coordinator, resident and/or family/whānau completes a “know me” booklet that outlines the resident interests, life history and significant connections. The activities coordinator then has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments and initial care plan, interRAI assessments and long-term care planning are done within the timeframes required by the age-related residential care contract.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. At the time of the audit all residents had chosen to be attended by the contracted general practitioner. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides after-hours on-call services 24 hours, seven days per week. The general practitioner expressed the clinical care is excellent and the registered nurses are calm and competent. The “know me” booklet is tailored for Māori and Pacific Island residents to identify their cultural connections and preferences. From this the registered nurse develops a care plan to ensure staff are aware of the resident’s cultural needs. This was sighted for one resident who identifies as Pasifika. Residents and family/whānau interviewed confirmed their extensive input into the assessment and care planning process. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, holistic and individualised. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, infection or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic</p>
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	<p>system and caregivers confirm they easily access them.</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 are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. The care plan review forms sighted in all resident files show a multidisciplinary approach is taken with input from caregivers, registered nurses, physiotherapist, general practitioner and activities coordinator. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation and the care plan is updated so that interventions are planned to meet the residents' goals. Families and whānau are invited to attend multidisciplinary review meetings and confirm on interview that staff listen to any suggestions they have and incorporate these into the care plans. When care plans are updated, caregivers are updated on any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections.</p> <p>At the time of the audit there were 12 wounds being treated including two stage two pressure injuries, skin tears and chronic wounds. A wound register is maintained. and a sample of wound care plans and photographs show wounds and pressure injuries are managed according to best practice with input from the wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover and this was observed during the audit. Interviewed staff stated they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers and weekly and as needed by the registered nurse for rest home level residents and each shift for hospital level residents. The</p>
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		<p>registered nurse is informed if there is a change in the condition of a resident. The RN undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is delivered by an activities coordinator who is a registered diversional therapist. They have been in the role for one month and has previous experience as an activities coordinator in another aged care facility for four years. The activities coordinator works five days per week, and there are activities scheduled for the weekends and delivered by caregivers. The activities schedule is developed in collaboration with the residents. Review of resident files shows activities plans are informed by using information from the “know me” booklet which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family/ whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinators get ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided including physical exercises to enhance strength and balance, a daily walking group, and floor and table games. Cognitive activities include simple word games, newspaper reading and board games. Social activities include outings in the community twice a week and activities themed each month including Easter, Christmas, Matariki, and Te Wiki o Te Reo Māori as examples. Some residents are taken out to church and other venues by family/whānau. Two local churches (including a Samoan church) each provide a church service</p>

		<p>monthly. Residents participate in food preparation on occasion. Photographic evidence was sighted of the range of activities provided. The activities programme has been reviewed with more focussed caregiver led activities over the weekend, strengthening engagement and also ensuring consistency across all activity offerings. Residents and family/whanau interviewed stated the activities programme has improved in 2025.</p> <p>A total of five residents can go on van outings and the activities coordinator ensures all residents have the opportunity to go on outings. Venues visited include local beaches such as Blockhouse Bay and French Bay, Mission Bay, city tour and other venues residents would like to visit. The activities coordinator maintains a record of outings and a safety plan for each outing. Entertainers and a pet therapist visit the facility, and the Blockhouse Bay library visit monthly. Family/whānau can bring in their pets to visit and there are cats residing in the facility. Activities are facilitated to promote te reo and te ao Māori and include karakia, flax weaving, poi making and waiata and celebration of Matariki, Te Wiki o Te Reo Māori and Waitangi Day. The activities coordinator has a range of resources sourced from Te Papa. A noticeboard titled `cultural corner` displays a range of photographs of cultural activities.</p> <p>For those that do not wish to participate in group activities individual activities are provided including a daily wellness check by the activities coordinator, nail care, newspaper reading and ongoing invitation to attend the group activities. The activities coordinator stated most residents participate in entertainment and happy hour.</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 system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by registered nurses</p>

		<p>and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in locked trolleys and locked medication rooms. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Fourteen medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are three residents who self-administer their medications. These residents undergo a six-monthly competency test, and medications were seen to be stored in locked drawers in their rooms according to the policy. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the general practitioner and where possible prescribed on the medication chart. Staff interviewed demonstrated their knowledge of the importance of providing appropriate support, advice and treatment for Māori including involvement of whānau.</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</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked onsite by a kitchen manager (a chef), two additional chefs and six kitchen assistants. There is a five-week seasonal menu that was developed by Metlifecare and reviewed by their dietitian. There are two options and a vegetarian option for main meals. Dietary needs including food texture,</p>

<p>beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>preferences, allergies and intolerances, and cultural preferences are forwarded to the kitchen manager who maintains a folder of dietary profiles and a summary on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings are held monthly to obtain feedback on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes and welcomes ongoing feedback from residents. A sandwich trolley is set up each evening for staff to provide sandwiches for residents at night. There is also access to pureed food such as yoghurt as needed. The kitchen is spacious and well organised.</p> <p>The kitchen manager has recipes to prepare traditional Māori kai, and this is provided during Matariki and Te Wiki o Te Reo Māori. Other cultural preferences are catered for.</p> <p>Meals are plated in the kitchen and served directly to the adjacent dining room. When residents chose to eat in their room, food is transported to the resident's room in a hotbox. The temperature of all hot meals is recorded. The food service was observed in the dining room and residents were seen to be enjoying their meals. Residents and family/whānau confirmed their satisfaction with the meal service. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen creating an enjoyable dining experience and discreetly assist residents with eating where required. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current to 22 November 2025. The kitchen manager uses a paper-based system to record to complete daily checks for completed cleaning tasks, and to record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. Certificates were sighted for staff training in food hygiene, allergens, hand hygiene, standard operating procedures and temperature control.</p>
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<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 services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing 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. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and shared goals of care in a yellow envelope with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including kaupapa Māori agencies as needed. Records were sighted of attendance at clinic appointments at the public hospital, allied health appointments and hearing appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 26 June 2025. Maintenance is managed by a maintenance person assisted by one other maintenance person and a gardener. There is an annual maintenance plan for planned maintenance including checks and compliance for the building warrant of fitness, testing and tagging of electrical equipment (last completed 2 April 2025), calibration and servicing of clinical equipment and hoists (last completed 17 March 2025), testing of the call bell system, wheelchairs, shower chairs, hot water checks and maintenance of the building and grounds. The van has a current warrant of fitness and registration.</p> <p>Staff log maintenance or repair requests in an electronic app. This automatically alerts the maintenance person who signs the task as completed when done. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of</p>

		<p>care residents.</p> <p>A tour of the facility was conducted. The facility is on one level divided into areas titled: Kea, Kererū, Tui and Fantail. All rooms have an ensuite toilet and handbasin. There are sufficient communal showers in each area for residents. Most residents dine in the main dining room. There is one large lounge where activities occur and a separate whānau room. There is a kitchenette in the whānau room. Residents can easily access a courtyard from communal areas. The courtyard has seating and shade and landscaped gardens.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau. All bedrooms and communal areas have ample natural light and ventilation. Temperature is controlled by air conditioning units, heating and there is a central ventilation system installed. Corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All rooms are single and spacious. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitors' toilet is situated near the reception. The facility is non-smoking.</p> <p>There is a process in place to consult with Māori should any changes to the facility be planned.</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>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved</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>by the New Zealand Fire Service, dated 24 December 2000. A fire evacuation drill is repeated six-monthly with the last one being held on 3 December 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The nurse manager checks the civil defence supplies six-monthly. In the event of a power outage there is a generator which is tested monthly and a small generator to supply power for an individual machine. There is a gas barbeque and two full gas tanks. There are sufficient food stocks for up to five days if needed.</p> <p>There are adequate supplies in the event of an emergency including 10 litres of water for each resident. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. All call bells are checked monthly. Call bells are in each bedroom, ensuite and communal toilets and showers. Call bells are linked to staff pagers and displayed on attenuating panels. Residents were observed to have their call bells in close proximity. The gate to the village is locked automatically at night. The doors to the facility are also locked automatically at night. There is a contract in place with a security firm who do patrols three times each night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Metlifecare Powley business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. A Metlifecare Infection Prevention and Control annual plan for Metlifecare Powley for 2024-2025 is being implemented and reviewed quarterly. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p> <p>Expertise in infection control and AMS can be accessed through Metlifecare's support office, Public Health, and Health New Zealand. Clinical indicators, including infection rates, are thoroughly assessed at the clinical management Team (CMT) meetings, attended by nurse managers and senior nurses. These meetings are chaired by the head of clinical and the outcomes are reported at each clinical governance</p>

		<p>group (CGG) meeting.</p> <p>The data is also benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. Any significant events are managed using a collaborative approach and involve the infection prevention and control resource nurse (infection control coordinator), the senior management team, the GP, and the public health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control resource nurse (IPC coordinator) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPC coordinator has completed online training through Metlifecare. The service has access to national infection prevention expertise through Metlifecare's support office (clinical quality specialist). The Infection Prevention and Control Plan for 2024-2025 links to the quality plan. The Infection Control and Prevention Plan has documented objectives and are reviewed quarterly on the progress.</p> <p>The infection control committee meets quarterly; however, all collation of data is reported monthly. Infection rates are presented and discussed at clinical, quality, and staff meetings. This information is also displayed on staff noticeboards.</p> <p>The IPC coordinator (senior registered nurse) was interviewed, and confirmed the implementation of the pandemic plan, proves to be</p>

	<p>successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention and control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The IPC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IPC coordinator and clinical team, have protocols in place to work in partnership with any future Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p> <p>There are no future plans to extend or alter the building; however, the</p>
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		IPC coordinator will have input into any process of refurbishment.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical, quality, and staff meetings. Significant events are reported to the clinical quality specialist. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary report. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at clinical, quality, and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured is easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from the local Health New Zealand for any community concerns. There has been no outbreaks since the last audit. The infection control coordinator confirmed any outbreaks are notified appropriately and advice for all outbreaks will be sought from</p>

		<p>public health and Health New Zealand IPC team.</p> <p>A continuous improvement rating is awarded for the surveillance and management of urinary tract infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There are two sluice rooms with sanitisers, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site seven days a week by dedicated domestic aids (laundry assistants). Clean laundry is delivered to residents` rooms. There is a clear clean and dirty flow. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator. The washing machine and dryers are checked and serviced regularly. There are domestic aids (cleaners) on seven days a week .</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>The service has a restraint minimisation and safe practice policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this, supported by</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>the management team. There is no use of restraint. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board.</p> <p>The policies and procedures reviewed meet the requirements of the standards. A registered nurse is the restraint coordinator. They provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the senior registered nurse and nurse manager. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint training). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>CI</p>	<p>The service provides an environment that encourages quality initiatives where a review process including analysis and reporting of findings occurred. There is evidence of action taken based on findings of high rates of prevalence in UTIs in Metlifecare Powley (total of 28) in 2023 that resulted in improvements made to service provision and resulted in positive changes made to residents wellbeing. The quality initiatives reviewed a focus on the implementing of a clinical decision tool and nurse led interventions `back to basics` for 2024 for early identification and appropriate management of UTIs.</p>	<p>The facility used the clinical decision tool of the Health Quality and Safety Commission to ensure standardising an approach to UTI diagnosis and treatment and to provide the balance between potential benefits and harms. All RNs and caregivers completed training in recognising symptoms related to UTI. Thirty-two staff completed a pre and post knowledge questionnaire related to their knowledge about signs and symptoms of elderly dehydration and UTI presentation in the elderly.</p> <p>As such, mid 2024 saw the continued focus with an improved new developed Metlifecare clinical decision-making tool called `Clinical pathway for suspected urinary tract infections without catheter` designed to identify, diagnose and treat UTIs more effectively and reduce inappropriate use of antibiotics.</p>

			<p>Six (two rest home and four hospital) residents were identified in early 2024 with recurrent UTIs (more than three over a 12 month period) that impacted on their health that include sleep disturbances, fatigue, malaise, and cognitive and mobility changes, despite improving hydration by pushing of fluids. The residents group identified had comorbidities that hinder self-hygiene or contribute to voiding abnormalities.</p> <p>An increased focus on RN led interventions saw the effective management of constipation, three-day voiding charts to reassess voiding abnormalities, optimal toileting regimen and continence product choice with increase in 'bottom half' hygiene procedures. Not only did the overall UTIs decrease in 2024 to 14; but only two of the six in the identified residents' group who's journey was followed had a UTI in 2024 (both in September). There were also no UTIs in the group of residents in the first quarter of 2025 and neither ant UTIs in the rest of the facility.</p> <p>For the duration of 2024 the UTI for Metlifecare Powley (0.2-1.3) was below the national benchmarking for UTIs (2.98). The RNs confirmed the decision has changed their clinical practice that resulted in early detection of UTIs, appropriate early interventions and judicious prescribing of antimicrobials, as evidenced in the electronic system. The caregivers confirmed they are equipped to identify suspected UTIs and implement approved strategies. The feedback from the residents (where able) and family/whanau collected from the six multidisciplinary meetings on the electronic system identified satisfaction with the care and improvements in symptom management. The satisfaction related to the quality care for Metlifecare Powley was documented in 2024 to</p>
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			be above 84% with an overall satisfaction rate of 88% .
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End of the report.