

# Metlifecare Retirement Villages Limited - Highlands Hospital

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## 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Highlands Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 May 2025      End date: 9 May 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	39

# Executive summary of the audit

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## Introduction

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

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

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

Highlands Hospital 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 41 residents. On the day of the audit there were 39 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 the general practitioner.

There have been major refurbishments done to the facility to modernise the environment following flooding. 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 has identified the service meets the Standard.

The service was awarded a continuous improvement rating for the implementation of the palliative care pathway.

## 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.

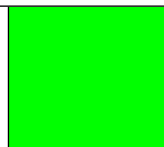
Highlands Hospital provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Highlands Hospital 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.

Highlands Hospital is owned and 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

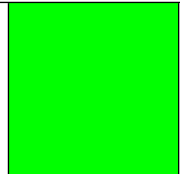
implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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 health and safety business partners 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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Highlands Hospital has an admission package available prior to, or on entry to the service. The village wellness coordinator and nurse manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.


The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are responsible for

administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## **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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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

## 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 one outbreak 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 is committed to maintain restraint free. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. There are currently no residents using restraints. Education is provided to staff around restraint minimisation and de-escalation.

### 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 plan 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 Highlands Hospital. The Highlands Hospital business plan and cultural responsiveness policy documents a commitment and responsiveness to a culturally diverse workforce. O Wairoa Marae is actively involved in providing cultural advice. 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 14 staff (seven caregivers, three registered nurses [RNs], kitchen manager, one activities coordinator and two domestic aids [cleaner and laundry assistant]) and three managers (nurse manager, village manager and regional clinical manager) who explained how they work collaboratively to embrace, support, and encourage a Māori worldview within the delivery of their services. The head of quality supported the facility during the audit.</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 Highlands Hospital. 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>Highlands Hospital 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 described how Highlands Hospital 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 Highlands Hospital 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 three residents (two rest home and one hospital level) and six 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 experiences.</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>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>
Subsection 1.5: I am protected from abuse	FA	An abuse and neglect policy is being implemented. Highlands Hospital policies documents actions taken to prevent any form of institutional

<p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</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 open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic</p>

<p>them about their choices.</p>		<p>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 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.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability</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>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</p>

<p>to exercise independence, choice, and control.</p>		<p>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 no complaints documented between October 2023- 2025 year to date (since the last audit). The complaint register/documentation used in complaints management evidence complaints are managed in accordance with the guidelines and provide assurance that the facility is meeting accepted good practice and adhering to relevant standards. The nurse manager has a good understanding of effective complaints resolution.</p> <p>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. The regional clinical manager stated the coroner's investigation dated (4 April 2023) that was reported on in the previous audit remains open.</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 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</p>

		<p>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>Highlands Hospital is owned by the Metlifecare Retirement Villages Limited group. The care facility is part of an established retirement village and is certified to provide hospital (medical and geriatric) and rest home level of care for up to 41 residents in the care facility.</p> <p>At the time of the audit there were 39 residents in the care facility: 33 hospital residents including one on Accident Compensation Corporation [ACC] respite care funding and six rest home level residents. All other residents were on the age-related resident agreement (ARRC). All beds are certified for dual purpose and for single occupancy only.</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 Highlands Hospital business and quality plan for 2024-2025 is reviewed quarterly as evidenced in the monthly reporting. Highlands Hospital business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery and include medication optimisation, meaningful activities programme, improved dining experience, 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 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</p>

	<p>marketing, general manager people, general manager property and chief information officer).</p> <p>The terms of reference for the Metlifecare governance body are documented. 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 Highlands Hospital are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improve 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), and an infection prevention and antimicrobial specialist who support the Metlifecare facilities. Clinical governance is overseen by the organisation's clinical governance group (CGG) and clinical subcommittee which include resident advocates and cultural advisors. The CGG oversees the development of the clinical policies, ensuring compliance and fostering a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician physician) and head of clinical oversee the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement</p>
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		<p>activities and reports to the board.</p> <p>The nurse manager is a registered nurse and has been in the role for four years. The nurse manager has previous aged care management experience. The nurse manager is supported by a village manager (non-clinical) 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 for four 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 completed Metlifecare 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. Highlands Hospital 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 (e.g., falls, medication errors, infections, skin integrity/tears, wounds and pressure injuries, behaviour of concerns, complaints, restraints).</p> <p>A range of meetings (e.g., 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 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</p>

	<p>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 97 percent. The residents, family/whānau and staff received the results. There were no areas for corrective actions. Interviews with resident and family/whānau stated the services they receive are of excellent standard. Quality initiatives are documented and regularly reviewed. The service has been awarded a continuous improvement rating for the implementation of the Palliative Pathways Activation (PPA) project.</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 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.</p>
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		<p>Ethnicity data is linked to benchmarking data to provide for 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. The required notifications were made to HealthCERT appropriately. One Severity Assessment Code (SAC1 and SAC 2) notification was made to the Health Quality and Safety Commission as required. There have been two outbreaks reported to public health.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<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. There are no RN vacancies.</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 roster reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau 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. There is a plan to increase staffing as the care facility occupancy increased.</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 on after hours on call roster for clinical support.</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 mandatory training topics which includes cultural training and is done as part of the curriculum in `Peak Academy` online platform. External training opportunities for care staff include training through Health New Zealand the hospice, face to face training in house and webinars. A 100% attendance rate for mandatory training topics has been recorded.</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 Highlands Hospital. 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, 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 five RNs and three have interRAI competency.</p> <p>All caregivers are required to complete competencies at orientation.</p>
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<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). Six staff files reviewed (three registered nurses, activities coordinator and two caregiver) evidenced implementation of the recruitment process, employment contracts, police vetting checks and evidence of a completed 12-week orientation workbook. All but two caregivers have been employed for more than five years. 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 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. All staff files reviewed had a completed peak performance (appraisal) 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</p>

		<p>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>	FA	<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</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. The wellness coordinator from the village assists</p>

<p>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>family/whānau and residents to navigate the assessment and admission process. Review of residents' files confirmed that entry to service complied with entry criteria. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The nurse manager and wellness coordinator are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Highlands Hospital is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with O Wairoa Marae-Te Whare Wananga O in Howick.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were reviewed for this audit: five hospital residents (including one respite on ACC funding) and two rest home residents. The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan which is utilised for residents who identify as Pasifika.</p> <p>All residents have admission assessment information collected and an</p>

	<p>initial care plan completed at time of admission. All long-term files reviewed had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. The resident on respite care had appropriate assessments and care plan completed.</p> <p>Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility at least once weekly. The nurse manager and senior registered nurse is available for clinical advice and decision making after hours, as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence at Highlands Hospital. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work four hours a week. The Metlifecare dietitian is contacted as required. A podiatrist visits six to eight-weekly. A continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and caregivers. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the senior RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections,</p>
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		<p>accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were only three residents with minor wounds and one with a head laceration. There were no pressure injuries. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required) to show healing progression. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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>There is one activities coordinator who works 35 hours a week Monday to Friday. The programme is supported by the caregivers especially at the weekends. The programme is planned monthly. The calendar (in large print) is placed in the lounge and each resident gets a copy. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and chit-chat. There are small niches where residents and families/whānau can access games, puzzles and books and have quiet time.</p> <p>The activities coordinator completes a "know me in my world" booklet that outlines the resident interests, life history and significant</p>

		<p>connections which is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo and happy hour. There are regular van drives for outings, regular entertainers visiting the residents, church services and Roman Catholic communion. Pet Vibes (pet therapy) and a lady in the village visits with her dog.</p> <p>The residents enjoy going down to the village lounge for coffee. One resident goes out to community independently activities with a friend. There are regular resident meetings where residents can provide feedback on the activities programme. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication</p>

		<p>charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-administering their medications on the days of audit; however, there is a policy to guide staff when residents wish to self-administer medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and nurse manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. There is a kitchen manager who works five days a week and is also on call. There is a chef who works Wednesday to Sunday. There are five full-time kitchen hands. All kitchen staff have completed safe food handling training.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 3 December 2025.</p> <p>The five-weekly seasonal menu has been reviewed by the Metlifecare dietitian. There is a food service manual. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their</p>

		<p>relatives. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen manager completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes which come upstairs in a dumb waiter. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area, the dining experience was observed to be pleasurable. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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</p>	FA	<p>The building holds a current warrant of fitness dated 8 March 2025. There are two full-time property maintenance and four full-time gardeners. Maintenance requests are documented on a maintenance</p>

<p>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>request form. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed 10 May 2025). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed October 2024</p> <p>Most of the facility is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are single and all have hand- basins. There are ample communal showers and toilets. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways, showers and toilets. The hallways are wide. The main lounge is very large allowing ample room for residents to mobilise and use equipment safely. A large well-appointed dining room is at the end of the main lounge. There are small alcoves for residents to have quieter times or entertain visitors. Activities take place in the large main lounge. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>Most bedrooms have access to a very small balcony (room for a chair). To access the outdoors residents have to go down in the lift to the outdoors. There are outdoor areas with outdoor seating and shaded areas. The gardens are landscaped.</p> <p>The building is appropriately heated and ventilated. There are panel heaters throughout the facility. There is ample natural light in the rooms.</p> <p>The village manager and nurse manager described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 8 December 2021. Fire evacuation drills are held six-monthly (last completed in March 2025). Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. There is an emergency water tank providing three litres per person per day.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, there is security lighting and there are nightly security patrols (night porter).</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 Highlands Hospital business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. 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</p>

		<p>managers and senior nurses. These meetings are chaired by the head of clinical and the outcomes are reported at each clinical governance 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>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/registered nurse) 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 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) and the nurse manager confirmed the implementation of the pandemic plan is developed to be swiftly implemented at the times when outbreaks occurred. During the</p>

	<p>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. There are 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 IPC coordinator will have input into any process of refurbishment.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>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>	<p>FA</p>	<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 facility 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. The nurse manager confirmed any outbreaks are notified appropriately and advice for all outbreaks are sought from public health and Health New Zealand IPC team. There has been one Covid outbreak since the last audit. There was a salmonella positive case promptly reported to public health.</p>

<p><b>Subsection 5.5: Environment</b></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 antimicrobial resistant organisms.</p>	<p>FA</p>	<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. There is a sluice room with a sanitiser, 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 in covered linen trolleys. There is a clear clean and dirty flow within the well-ventilated laundry area. Linen is delivered to residents' rooms in named baskets. 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 stated they provide support to maintain a safe environment during any construction, renovation and maintenance activities.</p>
<p><b>Subsection 6.1: A process of restraint</b></p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>The designated restraint coordinator is a RN. There is also a restraint committee which meets three monthly. There are currently no residents using restraints.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff and restraint meetings as well as to the nurse manager. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>
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## Specific results for criterion where corrective actions are required

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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
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## 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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The achievement of the quality improvement projects in the Palliative Pathways Activation (PPA) project and implementation of the programme is rated beyond the expected full attainment. With this project, there has been a documented review process which included the analysis and reporting of findings. The outcomes from the project were documented in the electronic record management system, progress notes, correspondence, and emails. The palliative care project aimed at enhancing the quality of life for residents with life-limiting health conditions through a holistic approach. The initiative underscores the importance of early discussions regarding end-of-life care and incorporates comprehensive reviews to support residents and their family/whānau.</p>	<p>Ninety-nine residents have entered the programme since its inception in 2020. The PPA is introduced during admission and followed up in the first three months of resident admission. The use of the Te Ara Whakapiri assessment tool showed a 100% compliance rate, ensuring that all palliative residents receive appropriate care. All registered nurses completed the Palliative Outcome Initiative( POI) Link Nurse training programme. All residents have a shared goals of care completed as part of the admission process.</p> <p>The outcome of the project is categorised as follows:</p> <ul style="list-style-type: none"> <li>-Taha Tinana physical wellbeing, deprescribing, and anticipatory prescribing of palliative medications revealed an 100% compliance rate. Personal care and comfort showed a 100% compliance rate (based on progress notes, resident, and family/whānau feedback). Internal audits verified a 100% effective pain</li> </ul>

			<p>management.</p> <ul style="list-style-type: none"> <li>- Taha Wairua/Spiritual Wellbeing and Taha Hinengaro/Emotional and mental wellbeing - The project has exhibited high compliance in addressing spiritual (96%) and emotional wellbeing (100%), indicating staff engagement with families to support grief and anxiety. Staff reported to have been proactive in delivering care in this area of care, and they feel confident in management of end of life care.</li> <li>-Impact of Early Conversations: Initiating discussions about palliative care has demonstrated positive effects on both residents and their families, leading to improved involvement in care planning.</li> <li>-Resident Satisfaction: Satisfaction among family/whānau has increased from 90% to 100%, reflecting positive feedback on care and cultural needs, alongside successful community engagement events such as the family/whānau participation in an Annual Memorial Day in May 2025 where family/whānau expressed their appreciation (but also through verbal, emails, and cards) for the resident's peaceful and planned palliative journey. Family/whānau expressed they felt more involved in the residents' care and more prepared for the resident's death, thereby reducing family/whānau stress.</li> </ul> <p>Review of the PAS (palliative care feedback) from the Poi team at Totara hospice are complimentary of service delivery at Highlands Hospital. The use of Te Ara Whakapiri assessment tool during active palliative stage is now embedded in the nursing practice at Highlands Hospital.</p>
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End of the report.