

Metlifecare Retirement Villages Limited - Metlifecare Otau Ridge

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Metlifecare Retirement Villages Limited

Premises audited: Metlifecare Otau Ridge

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 14 July 2025 End date: 14 July 2025

Proposed changes to current services (if any): The service has built a new care centre across two floors; all rooms are for occupation right agreements. Total number of beds verified at this audit included 41 dual purpose centre beds. There are 19 rooms verified as suitable for couples. Noting the service will only take up to five couples in the double rooms at any given time. Metlifecare Otau Ridge plans to open the care centre on 1 September 2025.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

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

General overview of the audit

Metlifecare Otau Ridge is owned and operated by Metlifecare Retirement Villages Limited and intends to provide rest home and hospital (geriatric and medical) for up to 41 residents in the care centre.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included a review of relevant policies and procedures; a review of documentation related to the ongoing build, and the transition to operations; observations; and interviews with managers.

This partial provisional audit was completed to establish the level of preparedness for Metlifecare Otau Ridge applying for certification of a new building. The service has built a new care centre, with care suites included as part of the build. Total number of beds verified at this audit included 41 dual purpose care centre beds (including 19 dual purpose rooms verified as suitable for couples). Noting the service will only take up to five couples at any given time. Metlifecare Otau Ridge plans to open the care centre on 1 September 2025.

The village manager has been in their role for the last 12 months. A suitable qualified nurse manager has been appointed. The regional clinical manager will provide direct support and will be on site during the transition of operations. There are various groups in the Metlifecare support office who provide oversight and support to the village manager.

This audit has identified improvements required around preparing for opening the facility.

Ō tātou motika | Our rights

NOT AUDITED

Hunga mahi me te hanganga | Workforce and structure

The village manager and the nurse manager will be responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. The partial provisional audit verified the facility as being suitable for rest home, geriatric and medical hospital services.

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document, with actions signed off when completed. The village manager, appointed nurse manager, and regional clinical manager have experience in their respective roles and in working in aged care. The nurse manager has been appointed but not yet commenced their role and worked in various clinical and operational roles across New Zealand aged care services.

There is a staffing and rostering policy, with a planned approach to rostering at Metlifecare Otau Ridge. Recruitment processes are underway, and staff are yet to be employed in their respective roles. There is a comprehensive orientation to the site and training plan documented.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef will provide oversight of food services. All kitchen equipment is in place. There are spacious dining areas on each floor. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will be required to administer medications. Secure storage for medications is in place. An electronic medication system will be used as per Metlifecare facility expectations and policy to record administration of medication.

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

The ground floor of the facility includes 21 care suites and 20 care suites on the first floor. All are verified as suitable for dual purpose use, with 19 dual purpose rooms across both floors verified as suitable for couples. There are communal spaces on the ground and first floor. All care suites have ensuites. All care suites have a slider door to the outdoors or a balcony area.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme, with responsibilities clearly defined. The infection prevention and control coordinator will

be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control. The infection prevention and control coordinator will be responsible for surveillance of infections.

There are documented processes for the management of waste and hazardous substances in place, with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place, with the managers interviewed confirming application and ongoing monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

NOT AUDITED

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	8	0	4	0	0	0
Criteria	0	82	0	4	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 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>	FA	<p>Metlifecare Otau Ridge is a newly built care centre in Clevedon. Metlifecare Otau Ridge is owned and operated by Metlifecare Retirement Villages Limited and intends to provide rest home and hospital (geriatric and medical) levels of care for up to 41 residents in the care centre.</p> <p>This 41-bed care centre is located across two levels. All 41 beds are verified at this audit to be suitable for hospital (geriatric and medical) and rest home levels of care and for use as dual-purpose. There are 19 rooms verified as suitable for couples. Noting the service will only take up to five couples in the double rooms at any given time. Metlifecare Otau Ridge plans to open the care centre on 1 September 2025.</p> <p>The governing body of Metlifecare will assume accountability for delivering a high-quality service at Metlifecare Otau Ridge. Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori, have been managed in consultation with an external service. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Means to support equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a tāngata whaikaha – people with a disability policy. The strategic and business plans includes a mission statement identifying the purpose, mission, values, direction and goals for the organisation, with</p>

	<p>monitoring and performance review requirements at planned intervals. Organisational goals aim for integrated service delivery, and mana motuhake (self-determination) values are embedded into practice for all residents. There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified village manager (VM) to manage Metlifecare Otau Ridge, with the support of an experienced nurse manager (NM) and assistant clinical manager (ACM). The NM is a registered nurse, and is responsible for clinical services. The NM has aged-care experience and confirmed knowledge of the sector, regulatory and reporting requirements and will commence in their role 30 July 2025. They will be supported by an ACM, who still needs to be appointed and will start one week ahead of the opening date.</p> <p>External support for te ao Māori and Pacific peoples is available through the wider Metlifecare organisation (including the Metlifecare cultural consultancy), and local Health New Zealand services. This is supported by health plans to include care models aligned with Te Whare Tapa Whā (for Māori) and Fonofale or Te Vaka Atafaga (for Pasifika), as well as for tāngata whaikaha and people from other ethnic backgrounds. Te Tiriti o Waitangi, health equity and equality, diversity, and inclusion training is included in orientation documentation and competencies for new staff employed into the service.</p> <p>Metlifecare Board meeting minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the Metlifecare Board of Directors showed adequate information to monitor performance is reported. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control, and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. Metlifecare Otau Ridge will contribute information through the established reporting channels to Board reports, once residents are admitted to the service. Metlifecare Otau Ridge management team also has processes in place to evaluate services through meetings with residents and their whānau, and through surveys from residents and family/whānau. Metlifecare already supplies these safeguards to services being delivered in other care homes and will extend</p>
--	---

		<p>this to Metlifecare Otau Ridge, when there are residents present.</p> <p>Health New Zealand is supportive of the new facility. Care suites will be purchased under an occupation rights agreement (ORA), with care delivered under an age-related residential care contract (ARRC in ORA). A transition plan is in place to ensure a seamless handover from the builders to the Metlifecare transitional operations manager.</p> <p>The village manager (non-clinical) has worked at Metlifecare Otau Ridge for the last 12 months to establish the village and has worked for Metlifecare for the last 15 years. The newly appointed nurse manager will be supported in their role during the transition period by the regional clinical manager. The nurse manager will be well inducted to their roles and will have access to Metlifecare endorsed leadership programmes. NM is interRAI competent, syringe driver competent, and worked previously in aged care roles. They completed quality improvement training and leadership courses/preceptor courses.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a transition roster; the rosters have been planned for incremental occupancy. The first phase is built around 16 residents being admitted in a phased approach. The managers stated the second floor will not be occupied till the first floor is fully occupied.</p> <p>There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) through a transition plan. The transition plan outlines a process to adjust staffing levels to meet the needs of residents, as they are admitted to the facility and thereafter through bed occupancy and resident acuity. The organisation's nursing agency (Metflex) and staff from three sister facilities will provide staff when required.</p> <p>The nurse manager works Monday- Fridays and the ACM will work on the floor Tuesdays to Saturdays.</p> <p>On call will be shared between the NM and ACM. A GP contract (Southpoint medical doctors) is in place to support the new service. The GP is familiar with the electronic resident management system and the electronic medicine management system.</p> <p>Metlifecare has a sound recruitment process in place managed at facility</p>

	<p>level and through the Metlifecare support office. The roster for the facility comprises of RN cover 24 hours per day/seven days per week (24/7), with the support of an ACM (who still needs to be appointed). Caregivers and auxiliary staff will support the RNs. The transition plan shows how staffing will be recruited and increased dependent on admissions. Staff appointed will be supported to further their education when they are recruited.</p> <p>The service will also employ activities coordinators, who will provide recreation activities seven days per week: five hours a day during the week, and four hours over weekends. Domestic (cleaning and laundry) services will be carried out by dedicated support staff seven days per week. Capacity for the delivery of food services to residents is in the final stages.</p> <p>Metlifecare has a formal orientation process for all staff that includes competencies dependent on the role. All staff are required to have cultural competence as part of the orientation process; cultural competency includes equity principles. Staff have not yet been recruited to the service (with the exception of the NM) and will need to be orientated when recruited (link 2.4.4). Continuing education thereafter is planned by Metlifecare on a biannual basis and delivered annually and will be overseen from support office by the clinical learning specialist. The training programme is delivered via an electronic education portal and through paper-based training to ensure that all mandatory training and competency requirements are included.</p> <p>The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency, first aid certification, and syringe driver training. Metlifecare supports and encourages caregivers to obtain a NZQA qualification.</p> <p>There are staff policies and procedures in place around wellness, bullying, and harassment.</p> <p>A contract is in place for a physiotherapist and podiatrist initially as required, and then it will increase to a set number of hours a week. Other contracts include a local pharmacy. There is a Metlifecare dietitian available for support.</p>
--	---

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Organisational human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the staffing required to deliver care into the care suites. There are job descriptions in place for all positions, including for restraint and infection prevention and control (currently under the purview of the NM), which includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position.</p> <p>Performance appraisals for staff are carried out annually and this will be extended to include any new staff employed for Metlifecare Otau Ridge. Staff recruited to work in the facility will need to be orientated to the specific care suites work areas and emergency management procedures prior to resident occupancy. The service understands its obligations in recruitment in line with the Ngā Paerewa Standard and contracts to provide aged-care services.</p> <p>The service has procedures in place to actively seek and recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants. Data is currently being recorded and used by Metlifecare in line with health information standards; Metlifecare Otau Ridge will collect ethnicity information on staff and residents through the Metlifecare systems.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (currently the CM already recruited, a pharmacist, podiatrist and a dietitian).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this will be implemented by the service. The service has access to a confidential employment assistance programme (EAP) for staff, should they require personal support.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>Metlifecare's medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are available for use at Metlifecare Otau Ridge. A general practitioner (GP)</p>

<p>safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>service has been contracted to support residents and to review and reconcile medication. A system for medicine management using an electronic system is available for use in the proposed care suites. Processes are in place for medication to be delivered in robotic rolls. Equipment to manage medication administration safely has been purchased to support care requirements in the proposed care suites. Space on each floor of the facility has been designated for storage of medication with shelves, stainless steel benches, refrigerators (for medications and specimens) and handbasins. The medication rooms are secure.</p> <p>The main medication rooms are temperature controlled by heat pump, and there are processes in place to record room and refrigerator temperatures, once medication is in place. Controlled medication will be managed from both floors; secure storage is available and will support all residents in the facility. Medications will be supplied to the facility from a contracted pharmacy (contract already in place). There are processes in place to ensure that medication reconciliation occurs. There were no medications on site during the audit.</p> <p>There is a process in place to ensure that all staff who will be administering medicines are competent prior to administering medications (link 2.4.4). A process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities through the electronic medication management system. There is also a process in place to make sure that GP reviews are recorded on the medicine chart of residents; this will be put into place when residents enter the service. Registered nurses and the GP will be available to discuss treatment options to ensure timely access to medications.</p> <p>Standing orders will not be used at Metlifecare Otau Ridge. Self-administration of medication can be facilitated and safely managed, should this be required for new residents; this is supported by a policy.</p> <p>Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication. Support for people to understand their medication will be provided by RNs in the service, in consultation with the GP. Support for Māori will initially be through the Metlifecare Māori consultancy network or local Māori services and networks (already in place).</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>	<p>FA</p>	<p>The kitchen is fully equipped with appliances and functional. A chef/ kitchen manager position is being recruited for (link 2.3.1). The food service proposed for Metlifecare Otau Ridge is in line with recognised nutritional guidelines for older people. The proposed care suites have a large dining and lounge area on each floor. There is a kitchen on site and once there are occupants in the proposed care suites, food will be served in each of the dining rooms and residents’ rooms via a ‘hot box’ food distribution service. ‘Hot boxes’ for food transport have been purchased to meet the needs of residents. The food services have an approved food control plan. The food control plan has been registered and approved and is registered up till 3 December 2025. Processes are in place to record daily temperature checks for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse, and wash temperatures. All perishable foods and dry goods are yet to be stored. Cleaning schedules will be documented. There are safe storage areas for chemicals, and managers interviewed stated that chemical use and dishwasher efficiency would be monitored daily.</p> <p>The menu for Metlifecare Otau Ridge is managed at an organisational level and set by an employed registered dietitian. The menu is a two-choice menu that residents can choose their meal from. Menu development is run on a three-monthly seasonal cycle to coincide with the three-monthly dietitian review. Food preferences for Māori are addressed as required but form part of menu planning for the organisation. There are facilities in the kitchenettes in each area to store nutritious snacks, which will be available 24/7.</p> <p>There are processes in place to ensure each resident has a nutritional assessment on admission to the facility. The chef will be made aware of the dietary needs of residents via their diet profiles. The staff education plan includes kitchen food service and safe food handling, nutritional needs and special diets.</p> <p>The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori resident.</p>

		<p>Residents will have the opportunity to feedback around satisfaction with food services, through the planned resident and family/whānau meetings, satisfaction surveys and through discussions with the chef. Dining rooms provide plenty of space to promote a pleasurable dining experience.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The environment including artwork is inclusive of peoples' cultures and supports cultural practices. Cultural art on display is provided by local iwi. Construction is completed with furnishings, appliances, furniture and carpeting completed.</p> <p>The ground floor of the facility includes 21 care suites and 20 care suites on the first floor. All are verified as suitable for dual purpose use, with 19 dual purpose rooms across both floors verified as suitable for couples. Note that there will be only up to five couples at any given time. The certificate of public use (CPU) is in the process of being issued. The floor plan is almost a mirror image between ground and level one.</p> <p>The maintenance person works full time and be on call as required and other maintenance staff are already appointed. The annual preventative maintenance schedule is online. This comes from support office and tasks will be signed off monthly. A process to record reactive maintenance requests is in place and these will be documented. The maintenance person will sign off all requests when completed. Fixtures, fittings, and flooring are appropriate. All flooring is appropriate for ease of cleaning.</p> <p>All hot water temperatures will be monitored, and call bells will be checked and recorded as part of the maintenance plan and prior to opening. All clinical equipment, electric beds, and ceiling hoists are new and under warranty. Annual checking for performance monitoring will occur as part of the maintenance programme.</p> <p>A plan for ongoing electrical testing and tagging and calibration of medical equipment is in place. The service has an extensive list of medical and nursing equipment purchased. A range of equipment (slings, nebulisers, oxygen concentrators, syringe drivers, transfer equipment including standing hoist and sara steady, lifting belts, pressure relieving mattresses and booties, sitting scale, wheelchairs, sensor and fall mats, low and high walker frames) is suitable for hospital level care. The equipment in place is</p>

	<p>relevant to the needs of residents, staff and services.</p> <p>There is a nurse's station on each floor and a lounge and dining room. All boiling water taps are appropriate for the setting. The dining rooms have small kitchenettes where residents may obtain snacks and drinks. There is also a quiet room in each floor with family/whānau meeting space.</p> <p>Resident rooms (care suites) can be personalised and have own full shower/toilet ensuites. The ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. Rooms are fitted with a ceiling hoist and all rooms have hospital beds with controls. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care.</p> <p>Corridors and rooms provide ample space for residents to walk freely and safely. There are handrails in ensuites and ledges/handrails in hallways. All rooms and communal areas allow for safe use of mobility equipment. There are communal toilets with disability access near the communal areas for residents, and separate toilets for staff and visitors. Toilets have privacy systems in place. Communal areas allow for safe use of mobility equipment and comfort chairs. There are heat pumps and faux fireplaces in the lounge areas. The external area and balconies for the residents have seating and shade.</p> <p>There is also plenty of natural light with large windows. Each room have a slider to the outdoors (a courtyard or balcony). All balconies have safe balustrades with appropriate height.</p> <p>Behind the open nurse's station there is a working/computer office (via this nurse's station) suitable for handover. This design layout ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>There is a secure medication room on each floor. Each area has a secure sluice, secure cleaners' room and secure linen cupboards, which are well placed near the nurses' station. There is adequate space for storage of mobility equipment.</p> <p>There are lifts between floors which can accommodate ambulance stretchers/equipment. There is a nurse` station on each floor, a separate office for handovers and a whānau room /meeting room where conversations can occur privately. There is adequate space for storage of</p>
--	--

		<p>mobility equipment. All safety doors require swipe card access by staff.</p> <p>There are seats available for resting placed around the hallways. The environment was suitable and maintained at a comfortable temperature on the day of audit.</p> <p>All outdoor areas are landscaped. There are adequate path lights. Visitors have speaker access to staff (after hours) and then the door will be released to enter. The visitors` door at this reception provides cover from the weather/rain.</p> <p>The service has established relationships with the local iwi, who have also blessed the land and will provide a blessing to the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is evacuation chairs located at the stairs and evacuation mattresses on the beds in the dual-purpose units.</p> <p>The fire exits and signage is in place. There is fire separation between evacuation areas, such as open spaces (eg, lounges). There are manual call points throughout the facility. The fire evacuation scheme has not yet been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service also has a generator available in the event of a power failure for emergency power supply. A water tank is available with sufficient supplies of bottled water that meets the requirements of the local civil defence guidelines. Civil defence kits are in place for the facility.</p> <p>The emergency manual includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness and fire drill training, which is scheduled for staff during the induction weeks prior to opening (link</p>

		<p>2.4.4). All other staff who do not have current first aid certificates will complete current first aid certificates at induction to ensure 24/7 cover of a first aider on site (2.4.4). The NM, maintenance person and village manager employed to date has a current first aid certificate. There are first aid kits at each of the nurses' stations/other key areas.</p> <p>The call system involves a pager system, whereby staff are alerted to a resident's call bell via the personal pagers, which will be held by each care staff member. Residents will be issued with neck pendant/wrist pendant on request and these interfaces with the nurse call system. There are nurse call screens throughout the dual-purpose unit. The call bell system, including staff assist, is available in each resident room. There are call bells and emergency bells in common areas. The system can include sensor bed mats and sensor mats. The light in their ensuite automatically turns on.</p> <p>The call bell system has been installed throughout the facility and is operational/activated. There are procedures in place as part of the maintenance plan to test call bells regularly. Call bell response times can be monitored. All caregivers/RNs will carry a pager.</p> <p>Staff will wear uniforms and will be identifiable. There is sufficient light outside the main door. Staff can identify visitors after hours through an intercom system before opening the door. There will be security procedures in place for staff to follow. Visitors and contractors sign in at reception. A closed-circuit television camera is situated at external doors, entrances to the facility and medication rooms. A security firm will provide two visits during the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Metlifecare Otau Ridge business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. A Metlifecare infection prevention and control annual plan is established and will be implemented at Metlifecare Otau Ridge; this will be reviewed quarterly.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control will be linked into the electronic quality risk and incident</p>

<p>programmes and respond to relevant issues of national and regional concern.</p>		<p>reporting system. The clinical and risk team provides organisational IPC and AMS leadership. The clinical governance group meets every second month; the committee approves the IPC programme and policies. Clinical indicators, including infection rates, are thoroughly assessed at the clinical management team (CMT) meetings, attended by nurse managers and senior nurses. These meetings are chaired by the head of clinical and the outcomes are reported at each clinical governance group (CGG) meeting. These processes mentioned will continue and include Metlifecare Otau Ridge.</p> <p>Expertise in infection control and AMS can be accessed through Metlifecare's support office (clinical quality specialist also the national IPC lead), Public Health, and Health New Zealand.</p> <p>The data will also be benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. Any significant events will be 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>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 will be available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control resource nurse (IPC coordinator) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS).</p> <p>The newly appointed NM will be the IPC coordinator and has completed appropriate training, as they were an infection control lead in a previous aged care operational role. The service has access to national infection prevention expertise through Metlifecare's support office (clinical quality specialist). The infection prevention and control plan for 2025-2026 links to</p>

	<p>the quality plan. The infection control and prevention plan has documented objectives and will be reviewed quarterly on the progress. An infection control committee will be established at Metlifecare Otau Ridge and will meet quarterly; however, all collation of data will be reported monthly. Infection rates will be presented and discussed at clinical, quality and staff meetings. The information will be also displayed on staff noticeboards.</p> <p>There are plenty resources and outbreak kits are prepared to support the pandemic plan and any outbreaks. This was evident throughout storage areas in the facility. The infection prevention and control internal audit will be completed to monitor the effectiveness of education and infection control practices. Staff will complete education on infection control practices at orientation (link 2.4.4)</p> <p>The IPC coordinator will have 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 will be included in regular checks against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required.</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. Staff will be trained to understand 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 will not be reused. All shared and reusable equipment will be appropriately disinfected between use. The procedures to check these are included in the internal audits. Resident education will occur as part of the daily cares. Residents and family/whānau will be kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors will be 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. The national IPC lead was involved in the new build.</p>
--	---

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and will monitor 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 will be monitored monthly and reported to the clinical, quality, and staff meetings. Significant events will be reported to the clinical quality specialist. Laboratory diagnostic testing reports will be reviewed, and the GP will support appropriate antibiotics prescribing. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare infection prevention and control manual. Monthly infection data will be collected for all infections based on signs, symptoms, and definition of infection. Infections will be entered into the infection register. Surveillance of all infections (including organisms) will be entered onto a monthly infection summary report. This data will be monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance will be discussed at clinical, quality, and staff meetings.</p> <p>Metlifecare incorporates ethnicity data into surveillance methods and data captured is easily extracted through the electronic system. This process will be implemented at Metlifecare Otau Ridge.</p> <p>Internal and external benchmarking is completed throughout the organisation and will include Metlifecare Otau Ridge. Meeting minutes and graphs will be displayed for staff in the staff room and nurse's station. Any action plans will be required for any infection rates of concern, documented and completed. Internal infection prevention and control audits will be completed, with corrective actions for areas of improvement. Communication pathways will be documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from the Health New Zealand for any community concerns. The managers confirmed that any outbreaks will be</p>

		<p>notified appropriately and advice for all outbreaks will be sought from the national IPC lead, Public Health and Health New Zealand IPC team.</p> <p>Isolation procedures and standard precautions will be implemented where required. There were ready-made outbreak kits that supports a swift implementation of the outbreak management plan. Staff and residents affected will be communicated to, and family/whānau will be informed of the requirements related to visiting.</p> <p>All outbreaks will be appropriately notified to the health authorities and debrief meetings will be held with staff to identify opportunities for improvements and 'lessons learned.'</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are secure areas to store cleaning chemicals, with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms on each floor. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme (link 2.4.4).</p> <p>All PPE has been purchased and include aprons, gloves, and masks. Sharp's containers are available and meet the hazardous substances regulations for containers. There are policies for cleaning and infection prevention, linen handling and processing. There are sluice rooms on each floor. Sinks and separate hand washing facilities are in place. Equipment, including sanitisers, is to be installed. Housekeeping staff will be employed and will perform cleaning service over seven days a week (link 2.3.1).</p> <p>The laundry is fully functional, with all appliances installed; however, all the laundry services will be sourced out (contract in place) seven days a week. The laundry is divided into clean and dirty areas and is situated in the basement in the service areas and will be ready for use should this be required. There is a dirty laundry pick up area with a separate door and a chute from the first floor. Laundry will be distributed back on 'clean' covered trolleys. Personal laundry will be labelled and placed in named baskets for distribution. There are large linen storage areas on each floor.</p>

		<p>Linen has been purchased, and shelves are well stocked.</p> <p>Cleaning and laundry services will be monitored through the internal auditing system (schedule sighted). The IPC coordinator and the maintenance person will be responsible for the oversight of the facility testing and monitoring programme for the built environment. They will report to management and the quality meeting.</p>
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are currently three staff employed, including the village manager, nurse manager and maintenance person. The ACM, registered nurses, activities coordinator/s, chef, cleaners, and caregivers are still to be employed. Recruitment of staff is well underway. Management stated they received quality applicants applying for various roles. The interview process has not yet commenced.</p> <p>The managers are not intending to offer serviced apartments to those requiring rest home or hospital care, until there is a full complement of staff able to support residents in the apartments.</p>	Staff have not yet been recruited to work across the services, including care, recreation, cleaning, and the kitchen.	<p>Ensure staff are recruited in sufficient numbers to support residents in line with the transition plan.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and</p>	PA Low	Metlifecare has comprehensive role specific orientation packages in place for staff, that includes all required training and competencies, which includes (but is not limited to) the	The newly employed staff have not yet commenced the orientation	Ensure that staff complete orientation in relation to their role.

<p>induction programme that covers the essential components of the service provided.</p>		<p>completion of competencies including first aid, emergency procedures, cultural competency, infection control practices, and chemical training. The service is still recruiting staff who will be rostered to support residents initially in the 16 care beds (dual purpose). All new staff will complete orientation in relation to their roles.</p>	<p>programme.</p>	<p>Prior to occupancy days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>There is an organisational maintenance programme which is overseen by the maintenance lead, that includes regular hot water temperature testing, equipment checks and call bell testing. Construction of the building is completed.</p> <p>The managers confirmed that the issuing of the Certificate of Public Use (CPU) is underway (estimated to be received 6 August 2025).</p>	<p>The building has not yet received a Certificate of Public Use.</p>	<p>Ensure a Certificate of Public Use is obtained/displayed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire evacuation scheme is in draft, logged for review but has not yet been approved by the New Zealand Fire Service. The expected timeframe is 6 August 2025 for its approval. There are plans to include the fire drill during the orientation plan; however, this is yet to be completed.</p>	<p>(i). The draft fire evacuation scheme is yet to be approved by the New Zealand Fire Service.</p> <p>(ii). The staff have not yet completed a fire drill.</p>	<p>(i). Ensure that a fire evacuation scheme is in place that has been approved by the New Zealand Fire Service.</p> <p>(ii). Ensure a fire drill is completed with all staff.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.