Metlifecare Retirement Villages Limited - Oakridge Villas

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Oakridge Villas
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 July 2025 End date: 16 July 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 26

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Metlifecare Oakridge Care Home (Metlifecare Oakridge) is in Kerikeri, owned and operated by Metlifecare Retirement Villages Limited (Metlifecare). The care facility opened in September 2024 and is part of a well-established retirement village. The service provides hospital (medical and geriatric), rest home and dementia levels of care for up to 65 residents. On the day of the audit there were 26 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 and staff.

Since opening, the facility has faced challenges with recruitment and retainment of activities coordinators.

The nurse manager (a registered nurse) is suitably qualified and experienced in aged care. The nurse manager is supported by an assistant clinical manager, the regional clinical manager, village manager, and caregivers.

The certification audit identified shortfalls related to care plan interventions, monitoring of care, completion of activities documentation, completion of the preventative maintenance plan, and sufficient personal protective equipment to support the pandemic plan.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Metlifecare Oakridge provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaint processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

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

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

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety, and general manager clinical and risk and a consolidated report and analysis of all Metlifecare facilities is 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.		Some subsections applicable to this service partially attained and of low risk.

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

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

Activities are planned and delivered by experienced activities coordinators. A broad range of group and individual activities are provided including van outings. Cultural diversity is celebrated.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.

There is a planned and reactive maintenance system in place. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas. The dementia unit is secure.

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

Security is maintained.

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.		Some subsections applicable to this service partially attained and of low risk.

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. The internal audit system monitors for a safe environment. There have been no outbreaks of infection 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.

The service has a restraint minimisation and safe practice policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this and are supported by the management team. There is no use of restraint. Minutes of staff meetings and restraint approval meetings show evidence of restraint discussions. Staff received the appropriate education related to maintaining a restraint-free environment.

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	23	0	4	0	0	0
Criteria	0	163	0	5	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service 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. The resident care plans include a Māori health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members to share interests across the region. Cultural assessments are in place and would be completed for residents who identify as Māori. There were no residents who identified as Māori at the time of the audit. The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Metlifecare Oakridge. Metlifecare Oakridge business plan 2025 and cultural responsiveness policy documents a commitment and responsiveness to a culturally diverse workforce. 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. Interviews included thirteen staff (seven caregivers, three registered nurses, chef manager, maintenance person and a domestic aide) and four managers (nurse manager, village manager, care experience manager and regional clinical manager) explained how they provide high-quality, equitable and effective services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The Pacific health plan describes the commitment to appropriate care for Pacific residents of Metlifecare Oakridge. 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. At the time of the audit, there were staff who identify as Pasifika. 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. Metlifecare Oakridge partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumer Rights (the Code) is accessible in a range of languages. The village manager confirmed ways Metlifecare Oakridge increases the capacity and capability of the Pacific workforce, as described in the business plan.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-	FA	Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager and assistant clinical manager discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed

determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.		in multiple locations in English, and te reo Māori. 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 and records of a group training session held in September 2024 were sighted. 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 information pack provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held weekly, and these are well attended by residents. Staff have completed cultural training which includes Māori rights, implementation of Te Tiriti o Waitangi, Māori model of care, and health equity. The service recognises Māori mana motuhake, which reflects in the Metlifecare Oakridge business and quality plan for 2025 and the Māori health plan. 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. Interviews with five residents (one rest home and four hospital level) and two family/whānau (one hospital level and one dementia level) confirm that individual cultural beliefs and values are respected.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. 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.	FA	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 they participate in and who they socialise with.

		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. 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. 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. 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 in my world' 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. The first satisfaction survey is yet to be collated but feedback on resident satisfaction is sought in the monthly resident meetings. Meeting minutes show residents feel their privacy is maintained and they are treated with respect. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Meetings are opened with a karakia. Te reo Māori resources are available on the education platform. Cultural training has been provided and covered Te Tiriti o Waitangi, health equity, Māori models of care, and tikanga Māori cultural days are celebrated, such as Matariki and Waitangi Day. The activities programme meets tāngata whaikaha social needs and enable their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.	FA	An abuse and neglect policy is being implemented. Metlifecare Oakridge policies documents actions taken to prevent any form of

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.		institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the employee's induction to the service, with evidence of staff signing the code of conduct policy. The code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are 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 include a commitment to abolish institutional racism. Records of staff training shows staff completed education on orientation 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. Police vetting 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 strengths-based model of care is implemented and is evident throughout all areas of the service.
Subsection 1.6: Effective communication occurs 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	FA	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 enduring power of attorney (EPOA) to develop their goals in their care journey. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of

people who use our services and effectively communicate with them about their choices.		kin of any accident/incident that occurs. All correspondence with family/whānau is documented in the progress notes and corresponding accident/ incident forms. A sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau. 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, and resident, family/whānau meetings. Activity calendars are provided in large-print format. 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. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau, which evidence effective communication.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,	FA	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. 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,

keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent. Admission agreements had been signed and sighted in all the files reviewed. Copies of EPOAs were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment was on file. This was evident in the files reviewed for the residents in the secure dementia unit. The informed consent process is equitable for Māori.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints management procedure is provided to residents and family/whānau on entry to the service. The nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. There were three complaints documented in 2025 and none in 2024. All complaints are closed. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There were no trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff, registered nurse/ quality meetings (meeting minutes sighted). Higher risk complaints would be managed with the support of the regional clinical manager and head of clinical. There were no complaints received from external agencies. 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, one on one with management, or through the website. During interviews with

		family/whānau, they confirmed the nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process, should there be residents who identify as Māori. The complaints management procedure ensures Māori residents would be supported to ensure an equitable complaints process. The nurse manager acknowledged the understanding that for some Māori, there is a preference for face-to-face communication.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Metlifecare Oakridge Villas (hereafter Metlifecare Oakridge) is owned by the Metlifecare Retirement Villages Limited (Metlifecare). The care facility is part of an established retirement village. The facility is certified to provide hospital (medical and geriatric), rest home level, and dementia level of care for up to 65 residents in the care facility. All beds in the rest home and hospital level are certified for dual purpose and either single occupancy or double occupancy for a couple. At the time of the audit there were 26 residents in the care facility: 20 hospital residents, three rest home residents, and three dementia level residents. Three residents in hospital level of care are funded by ACC; one resident in the dementia unit was on respite; and all other residents were on the age-related resident agreement (ARRC). Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare Oakridge business and quality plan for 2025 is reviewed quarterly. Metlifecare Oakridge business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery and includes to exceed resident expectations; to be the employer of choice; to achieve dementia friendly accreditation (achieved); for staff to be safe at work; and to ensure the principles of Te Tiriti o Waitangi are embedded. The regional clinical manager confirmed the governance structure. 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 marketing, general manager people, general manager property and chief information officer). The terms of reference for the Metlifecare governance body adheres to a documented agreed terms and reference. The Board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan. 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. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Metlifecare Oakridge are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. There are structured opportunities (annual surveys [yet to be completed] and resident, family/whānau meetings) for family/whānau to provide feedback and to participate in the planning and implementation of service delivery. 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 oversee the

		development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician physician) and head of clinical oversee the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement activities and reports to the Board. The nurse manager is a registered nurse (RN) and has been in the role for nine months. The nurse manager has extensive aged care management experience. The nurse manager is supported by an assistant manager (RN) who works full time, a village manager who provides operational support, and a regional clinical manager who provides clinical support and oversees other Metlifecare care centres. The village manager has been employed in their role at Metlifecare Oakridge for fifteen years. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The use of the electronic resident management system, electronic medication system and policies and procedures are fully embedded and implemented. Metlifecare Oakridge 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 such as falls, medication errors, infections, skin integrity/tears and complaints. Meetings such as the monthly staff meetings that include quality; registered nurses; clinical; monthly health and safety meeting; and the weekly nurse manager and village manager meetings 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. 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. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori; this is evident through the annual cultural safety audit completed. Tāngata whaikaha, with the support from a resident advocate, have meaningful representation through the resident meetings and six-monthly multidisciplinary meetings. A resident and family/whānau survey is in the process of completion by an independent external company. Once finalised, the nurse manager plans to feedback results to staff, residents and family/whānau and implement corrective actions if there are areas that need improvement. 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 governance group. New policies or changes to policy are communicated and discussed with staff and available on the intranet. A health and safety system and health and safety manual are in place. There is a health and safety committee and monthly health and safety meetings are led by the village manager. 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 head of health and safety. 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. Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care organisations. Ethnicity data is linked to benchmarking data 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. Discussions with the nurse manager and regional clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification to HealthCERT following a power outage. No notifications have been required to be made to the Health Quality and Safety Commission. There have been no outbreaks of infection since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is an acuity and clinical staffing ratio 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 registered nurse cover, with at least one registered nurse on the morning, afternoon and night shift. The registered nurses are supported by sufficient numbers of caregivers on each shift. 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 was 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. The nurse manager works full time Monday to Friday. In the absence of the nurse manager, the assistant clinical manager oversees the

		service. There is an after-hours on-call roster for clinical support. The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural training. External training opportunities for care staff include training through Health New Zealand and the hospice. There is a Metlifecare learning and development team (including a Careerforce assessor) that supports staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents at Metlifecare Oakridge. 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. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-two caregivers are employed, and seventeen hold a National Certificate in Health and Wellbeing level three or above. Of the caregivers who work in the dementia unit, three have completed the required dementia standards and sixteen are enrolled and yet to complete. There is a comprehensive library with resources on the intranet. Metlifecare supports all employees to transition through the NZQA Certificate in Health and Wellbeing. An annual in-service programme is being 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 registered nurse specific competencies include syringe driver, wound competency, and interRAI assessment competency. All registered nurses 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 registered nurses and four have interRAI competency, including the assistant clinical manager. All caregivers are required to complete competencies at orientation.

		Annual competencies include restraint, moving and handling, hand hygiene, second checker for medication or medication administration competency and correct use of personal protective equipment. A selection of caregivers' complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys, and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers. Since opening, the service has faced challenges with recruiting and retaining an activities coordinator, with three employed in the role since opening (link 3.3.1).
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff recruitment processes are managed by the Metlifecare recruitment team on an electronic human resources system (Meteor). Seven staff files were reviewed: two registered nurses (including the assistant clinical manager), an activities coordinator, three caregivers, and one domestic aid, evidenced implementation of the recruitment process, employment contracts, police vetting checks, and evidence of a completed or in the process of completion 12-week orientation workbook. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All peak performance (appraisal) objectives are set at the beginning of the financial year and performance is measured against the objectives and completed at the end of each financial year. To date, objectives have been set for the coming year.

		The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. 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.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	Resident files and the information associated with residents and staff are retained and archived as per policy. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Metlifecare disaster management plan in case of information systems failure. 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. 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 nurse 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.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access,	FA	There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest

timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.		home, hospital and dementia level of care. Authority from the needs assessment service coordination (NASC) was sighted in residents` files. There is accurate information about the facility and services available on the Metlifecare Oakridge website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau, and to local communities and health care providers. Prospective residents and their family/whānau can visit or call any time and the nurse manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. A follow-up phone call is made to the prospective resident or their family/whānau regarding any further questions. Residents and family/whānau interviewed expressed the entry process was well explained, staff were understanding of the emotional impact that moving into an aged care facility caused, and feel they are treated with respect and dignity at all times. Where there are delays to entry, such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer. The nurse manager maintains a register of enquiries, and this shows the reasons for not entering the service. Ethnicity data is included in the enquiry form, and routine analysis is completed for entry and decline rates. The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The nurse manager stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports	PA Low	Seven resident files were reviewed (the sample was extended by one file), including four hospital level (including one on ACC), one rest home, and two dementia level residents (including one on respite

my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		care). Registered nurses are responsible for all assessments including interRAI assessments and care planning. Care plans are recorded on an electronic system, and caregivers confirm they easily access them. The "know me in my world" booklet is tailored for Māori and Pacific Island residents to identify their cultural connections and preferences; however is used for all residents. From this, the registered nurse develops a care plan to ensure staff are aware of the resident's cultural needs. Residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage, from assessment to care planning to evaluation. Initial assessments and initial care plan, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. Medical assessments are completed by the contracted general practitioner/nurse practitioner (GP/NP) within the required timeframes; however, the GPs do not always provide a documented health condition list at admission to ensure all early warning signs and risks that may adversely affect a person's wellbeing are recorded. Residents then have a three-monthly review by the GP/NP as a routine, or if their needs change, they are seen when needed. When residents' health change, there is timely communication with the GP; however, the GP notes/communication notes are not always integrated in the resident files and some sit in the RN email inbox and are not uploaded to the system. The general practitioner is available after-hours for any concerns, seven days per week. The nurse practitioner and general practitioner were not available to be interviewed on the days of the audit. The management team had a meeting with the general practice team on the last day of the audit to discuss improvements with services provided. The physiotherapist is contracted for four hours per week and has input into mobility and falls prevention. Review of resident files shows assessment is comprehensive and

		utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in care plans; scores are not always identified which contribute to ensure early warnings and risks are identified. Care plans are documented and holistic. Care plans include the goals and aspirations of residents and describe the required interventions required to achieve these. However, not all interventions documented were reflective of resident current need. Registered nurses and caregivers described how they involve residents and family/whānau in implementing care plans. Residents and family/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner. Care plans are reviewed routinely every six months or more frequently, if the needs of residents' change. InterRAI assessments are completed before the care plan review, so that outcome measurements are utilised to evaluate progress or identify new needs. The care plan review forms sighted in all resident files show a multidisciplinary approach is taken with input from caregivers, registered nurses, physiotherapist, general practitioner, and activities coordinator. Each area of the care plan shows that goals are reviewed. Where goals are not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to attend multidisciplinary review meetings and confirm on interview that staff listen to any suggestions they have and incorporate these into the care plans. When care plans are updated, caregivers are informed of any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit there were four wounds treated, and include two stage IV sacral pressure injuries for one resident (see tracer methodology hospital level resident), a stage IV suspected deep tissue injury on the heel, and a stage II pressure injury on the back. A wound register is maintained, and a sample of wound care plans and photographs show wounds and pressure injuries are

		managed according to best practice, with input from district nurses if needed. Photographs and wound assessments show the progress of wounds. Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers and weekly and as needed by the registered nurse for rest home level residents and each shift for hospital level residents. The registered nurse is informed if there is a change in the condition of a resident. The RN undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau. The following monitoring charts are completed: weight (monthly as a routine or more often if indicated); blood glucose if needed; behaviour monitoring; repositioning charting; bowels management; and food and fluid management. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up. The Māori health plan also supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles would be included within the care plan for Māori. The registered nurses reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like.	PA Low	At the time of the audit, there were three residents in the dementia unit. The activities programme for the dementia unit is delivered by

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.		caregivers, and the activities coordinator (newly appointed) shares their time between the care suites/dual purpose areas and the dementia unit. The care experience manager (interviewed) oversees the implementation of the programme. Activities are provided five days per week (except Wednesdays and Saturdays) over 56 hours a fortnight. Review of the activities schedule shows a broad range of activities are provided, including physical exercises to enhance strength and balance, chair exercises, and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading, and board games. Social activities include happy hour and outings in the community once a week for each area, and activities themes each month, including Easter, Anzac, Christmas, Matariki, and King`s birthday as examples. Other activities include garden planting. Cultural events include celebration of Māori language week and cultural days. Residents visit the catholic church across the road. Spiritual support and visits occur regularly for residents. Some residents are taken out to church by family/whānau. Residents prepare a range of food such as baking. Photographic evidence was sighted of the range of activities provided. Outings occur and the activities team ensures all residents have opportunity to go on outings. During the school term, school and preschool groups visit the residents. School children provide kapa haka performances annually. There are residents who identify as Māori and the staff could describe how they support them to participate in te ao Māori, by maintaining connections with whānau and hapū. Activities in the dementia unit are tailored to individual residents and include walks, singing, arts and crafts, baking, domestic chores, feeding the birds, puzzles, and ball games. Entertainers perform in combined sessions in the dual-purpose lounges. There are separate quieter spaces where residents can sit if they prefer to not partake in activities. Family/ whānau of residents in the dementia unit expressed their satisfaction with the activities programme and stated they are invited to attend activities and are sent a calendar of the activities schedule. During the audit, the dementia unit was observed to be calm, and residents were engaged in activities and conversations. All residents in the dementia unit had a resident profile `know me in my

		world booklet` completed. A review of dementia resident files shows activities plans are informed by using information from the “know me in my world” booklet, which includes family/whānau connections, cultural preferences, previous employment, interests and hobbies, and input from family/whānau. Activities assessments, attendance registers and the 24-hour care plans were not completed as required. Individual activities include reminiscing, pampering, exercises, hand massage, and listening to the resident’s preferred music. A record of individual activities is recorded in the progress notes; however, attendance lists were not always maintained. Resident and family/whānau meetings provide an opportunity for residents and family/whānau to have a say in the activities programme and the activities team gets ongoing feedback. The facility has a residents’ advocate that assist other residents with feedback.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The GP/NP completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers, who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There are two medication rooms. Medicines were stored in locked trolleys, within a locked medication room, and there is a controlled medication safe. The medication refrigerator and

		medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy. Fourteen medication charts (including two paper charts) were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes. There were no residents who self-administer their medications. There are policies in place should a resident wish to self-administer and manage their own medication. There are no standing orders. Over-the-counter medications and supplements are considered by the general practitioner and where possible, prescribed on the medication chart. Staff interviewed demonstrated their knowledge of the importance of providing appropriate support, advice and treatment for Māori, including involvement of whānau.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All food is prepared and cooked on site by a chef manager, and they are assisted by two other chefs and a team of kitchen assistants. The food services manual was reviewed and is kept in the kitchen. Meals are plated in the kitchen and transported to each dining room in a hot box. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current until 3 December 2025. Dry food is stored in a walk-in pantry, in original packaging in closed containers, labelled with the date of opening. The five-weekly menus have been reviewed by a dietitian. There is a choice of meal options, and the main meal is served at lunch time. Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and reviewed six-monthly as part of the care plan review (or more often if the resident's needs change). Food is fortified as needed and

		nutritional supplements prescribed are provided. Resident meetings provide an opportunity to obtain feedback on the food service. The chef manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available, particularly in the dementia unit and snacks are accessible. The chef manager on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. The menu has Māori and Pacific options available and on request. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme. Cultural food options are provided, including Māori boil ups, fried bread and individual requested. Refrigerator and freezer temperatures are recorded daily and are maintained within an acceptable range. Residents and family/whānau interviewed confirmed a variety of meals are provided. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings, and residents and family/whānau are able to speak with the chef manager directly. During the audit, the meal service was observed in each area to be enjoyable and pleasant. Residents are seated at tables with other residents having similar nutritional needs. Staff were observed discreetly assisting residents as needed.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and	FA	Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the GP/NP for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital, they send a summary of care needs, medication chart, legal documents, and advanced care directives in a yellow

coordinate a supported transition of care or support.		envelope with ambulance staff. Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers, including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, allied health appointments and dentist appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The code of compliance was issued 26 November 2024 and still current. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 40 hours a week (Monday to Friday) and the village manager supports by overseeing the implementation of the maintenance programme. Maintenance requests are logged and entered in an electronic system. This is checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, the maintenance programme has not been consistently implemented as per the policy requirements. The Metlifecare preventative maintenance for Metlifecare Oakridge was not fully documented between December 2024 to June 2025, to include hot water temperatures and monthly inspection checklists. A review of hot water monitoring records for July 2025 shows the temperature is maintained at a safe level. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment was completed in June 2025, and clinical equipment including hoists and scales, were checked and calibrated are due to be tested in August 2025. The facility is across two levels, with 20 care suites on the ground floor and 30 care suites on first floor. All care suites were suitable for dual purpose, and one care suite was occupied by a married couple. The facility is modern, and purpose built with wide corridors, which promote

		safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There are spacious lounges and alternative small lounge areas throughout. All bedrooms and communal areas have ample natural light and ventilation. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Activities take place in dedicated activities areas and in adjoining lounge areas. There are spacious dining areas on each floor for the dual-purpose rooms and a separate dining room in the dementia unit. Each of the dining rooms has a modern satellite kitchen including a servery. Residents are encouraged to access fruit plates and sandwiches available at the servery in the dementia unit. The hot water tap in the servery has been designed to ensure the safety of the residents. The secure dementia unit (memory care suite) is situated on the ground floor and provides a home-like therapeutic environment. The unit is secure with safe access to the gardens and pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation. The outside perimeter is secure and well-placed vegetation deter residents from the fence. All care suites have full ensuites. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. All care suites (on the first floor) are equipped with ceiling hoists, with plans to add to others as required. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There is central heating throughout with heat pumps in all communal areas. Individual resident rooms' heating can be individually adjusted. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care

		residents. The nurse manager confirmed they would continue to consult with local Māori (who the facility has close links with), should any alterations or extensions to the building be planned in future.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 27 May 2024. A fire evacuation drill is repeated six-monthly and last occurred on 21 May 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance person checks the civil defence supplies six-monthly. In the event of a power outage, there is an inverter petrol generator. There is a large barbeque and two full gas tanks. There is sufficient food stock for up to three days if needed. There are adequate civil defence supplies in the event of an emergency, including sufficient water stored in a 1000 litre water tank in a separate tank room, and 120 litres of bottles water. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always on duty. All call bells are checked monthly including for response times. Call bells are in each bedroom, ensuite and communal toilets and showers. Call bells are linked to staff pagers and displayed on attenuating panels. Residents were observed to have their call bells in proximity. The call bell system in the dementia unit is assistive technology that provides behaviour pattern controllers that establish a resident's typical behavioural pattern, and alert staff to anticipate occasions when the resident may display non-typical behaviour. The gate to the village and main door is locked automatically at night. Visitors are supplied with a gate code and there is a call bell at the

		front door. There are closed circuit television cameras (CCTV) at the exits and at the entrance to the facility. Visitors and contractors sign in at reception. There is a security firm that visits the village at request. Staff maintain security measures to ensure safety of staff and residents.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Metlifecare Oakridge business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. A Metlifecare infection prevention and control annual plan for Metlifecare Oakridge for 2024-2025 is being implemented and reviewed quarterly. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. 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 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. 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 general practitioner and the public health team.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing	PA Low	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

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.		education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control resource nurse (IPC coordinator) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPC coordinator has completed online training through Metlifecare. The service has access to national infection prevention expertise through Metlifecare's support office (clinical quality specialist). The infection prevention and control plan for 2024-2025 links to the quality plan. The infection prevention and control plan has documented objectives and are reviewed quarterly for progress. 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. The IPC coordinator was not on duty during the audit and is newly appointed into the role. The regional clinical manager was interviewed. During the visual inspection of the 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. The IPC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE) in collaboration with the assistant clinical manager. There is a policy and procedure in place for pandemic and outbreak management. Staff have received training in the pandemic plan in May 2025. There is minimal stock of personal protective equipment on site, including gloves, gowns, N95 masks and hand sanitiser (link 5.2.4). Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The IPC coordinator and clinical team have protocols in place to work in partnership with any future Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In

		interviews, staff understood cultural considerations related to infection control practices. 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. 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. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near points of care. Handbasins all have flowing soap. There are no plans to extend or alter the building; however, there is a process for the IPC coordinator to have input if needed.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	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.
Subsection 5.4: Surveillance of health care-associated infection	FA	Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare infection prevention and

(HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		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. Metlifecare benchmarks surveillance data against all their facilities and other aged care facilities nationally. Infection control surveillance is discussed at clinical, quality, and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured is easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. The service receives information from Health New Zealand for any community concerns. There have been no outbreaks of infection since the last audit. Staff on interview demonstrated their knowledge of isolation procedures and standard precautions.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	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 are two sluice rooms with sanitisers, stainless steel bench and separate handwashing facilities available. Eye protection and other PPE are available. Staff have completed chemical safety training. A

		chemical provider monitors the effectiveness of chemicals. All laundry is laundered on site daily. Clean laundry is delivered the same day. There is a separate entrance for linen pickup and delivery. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator. The washing machines and dryers are checked and serviced regularly. There are domestic aides (cleaners) on seven days a week. During the audit, the facility was observed to be clean and residents and families/whānau interviewed expressed the facility is always kept very clean.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The service has a restraint minimisation and safe practice policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this and are supported by the management team. There is no use of restraint. Minutes of staff meetings and restraint approval meetings show evidence of restraint discussions. Restraint meeting minutes evidence reporting on restraint elimination strategies. Restraint use is benchmarked with other Metlifecare facilities and other care providers, discussed and reported in management reports and at governance level. The restraint policy and procedures reviewed meets the requirements of the Standard. A registered nurse is the restraint coordinator (restraint resource nurse). They provide support and oversight, should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme. The approval for any use of restraint in the first instance would be put forward to the assistant clinical manager and nurse manager. The team would consider approval of any restraint, approval of the method

		of restraint, guidelines, education of staff, observations, any risks and evaluation, and they would ensure that the correct equipment was used.

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)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are	PA Low	Registered nurses are responsible for the development of the support plan. Metlifecare has identified corrective actions related to care planning as early as December 2024; progress have not been fully made. All residents had a cultural assessment completed as part of the psychosocial, cultural, spiritual and sexuality section of the care plan. There were shortfalls identified in three residents care planning interventions related to pain and behaviour. InterRAI assessments are used to develop care strategies; however, the risk scores were not identified in the care plan. Health conditions were not always documented in the electronic clinical management	(i). There are not always a health conditions list provided/documented by the GPs at admission for five of the residents’ files reviewed (one for dementia care, one on ACC, three long-term) (ii). InterRAI assessment scores were not always identified in the care plans for three residents (one rest home and two hospital level care). (iii). One respite resident’s behaviour management plan (tracer) did not recognise all the behaviours and triggers identified in the progress notes and on behaviour monitoring chart.	(i)-(ii) Ensure documentation is completed that support registered nurses to identify early warning signs and risks that may adversely affect a person’s wellbeing. (iii)-(iv). Ensure interventions are individualised with sufficient detail to guide care. 90 days

accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		system or suppled in GP notes to ensure that all early warning signs and risks that may adversely affect a person's wellbeing, are recorded.	(iv). Two residents (one hospital level resident and one on ACC) with chronic pain had pain management plans; however, the pain management plans did not always identify pain triggers, pain site, and non-pharmaceutical therapies.	
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management,	PA Low	A range of monitoring forms are completed, and progress notes provide evidence that care is delivered. Caregivers write in progress notes daily and RNs provide a review of care in the progress notes daily for rest home and hospital level residents, or more often. The assistant clinical manager completed notes for residents in the dementia unit at least weekly. Short-term care plans are well utilised. When healthcare changes, the RN initiated a GP/NP visit. The GP/NP does not utilise the electronic	(i). When health care needs change, there is appropriate communication with the GPs; however, not all communicating notes and instructions are integrated/uploaded in the resident's file and remain in the email inbox. (ii). One resident with two pressure injuries had one wound assessment for both pressure injuries.	(i). Ensure communicating notes and instructions from GP/NP are integrated/uploaded in the resident's file, rather than remaining in the email inbox. (ii). Ensure each wound has a separate wound assessment documentation. 90 days

and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.		clinical management system for their notes and communication notes are provided by email. Not all those GP/NP notes are uploaded to the clinical management system. Progress notes evidence all instructions were implemented. Wound assessments, dressing records and ongoing evaluation were recorded within the timeframes required. However, both pressure injuries were documented on the same assessment form. There are photographs on file that demonstrate wound progression towards healing.		
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	PA Low	There is an activities assessment and planning policy and procedure to enhance people's strengths and interests. The activities programme is developed by the activities coordinator and care experience manager. Activities are implemented according to an activities programme for residents in the secure dementia unit and a separate programme for rest home/ hospital level residents. On the day of the audit, the three residents in the dementia unit were participating in activities provided by the caregivers; activities seemed meaningful to the	(i). Resident activities profiles/ and activity assessments have not been completed for five residents to guide the care planning process. (ii). Descriptions of the activities documented to meet the resident's needs in relation to individual diversional, motivational, and recreational therapy during the 24-hour period were not completed. (iii). Attendance has not always been documented in the attendance sheets for activities.	(i)-(ii). Ensure that the activities assessment and care planning policy is implemented to enhance residents' skills, strengths, and interests. (iii). Ensure attendance of residents participating in activities is recorded. 90 days

		residents. Residents in the rest home/hospital were participating in activities which were scheduled on the activities programme. The activities documentation required to be completed according to the Metlifecare assessment and planning policy, were not always completed.		
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.	PA Low	The building is new and has been occupied since 15 September 2024. The Village manager oversees the maintenance programme, and the maintenance person/s implement the requirements. There is a Metlifecare preventative maintenance programme for their care facilities. However, at Oakridge, the preventative maintenance plan was not fully documented between December 2024 to June 2025 to include hot water temperatures and monthly inspection checklists. All clinical equipment was calibrated and testing and tagging of electrical equipment was completed as scheduled. The six-monthly environmental audits completed in October 2024 and April 2025 evidence full compliance.	There is a Metlifecare preventative maintenance for their care facilities; however, at Oakridge, the preventative maintenance plan was not fully documented between December 2024 to June 2025 to include hot water temperatures and monthly inspection checklists.	Ensure the Metlifecare`s preventative maintenance plan is followed as per policy requirements. 90 days

Criterion 5.2.4 Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.	PA Low	There is a policy and procedure in place for pandemic and outbreak management. Staff have received training in the pandemic plan in May 2025. There is minimal stock of personal protective equipment on site, including gloves, gowns, N95 masks and hand sanitiser.	There is insufficient stock on site to manage an outbreak of infection and a lack of preparedness to set up isolation stations outside the rooms of residents, if they need to be isolated. A system for checking the stock of outbreak supplies has not been implemented.	Ensure there are sufficient supplies on site to manage an outbreak of infection and that stock is regularly checked. Ensure there is equipment on site to set up isolation stations. 30 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.