

Metlifecare Retirement Villages Limited - 7 Saint Vincent- Metlifecare Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	7 Saint Vincent- Metlifecare Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 August 2025 End date: 21 August 2025

Proposed changes to current services (if any): The service has applied to reconfigure a current apartment building at Metlifecare 7 Saint Vincent Village to provide 14 certified dual-purpose rest home and hospital (medical and geriatric) level beds (HealthCERT letter dated 9 April 2025). These rooms were verified as suitable to provider rest home and hospital level of care.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Metlifecare – 7 Saint Vincent Village is owned and operated by Metlifecare Retirement Villages Limited. The facility is part of a well-established village in Auckland. The organisation has repurposed a serviced apartment complex to 14 dual purpose care suites for rest home and hospital level residents. The service is on track to meet all outstanding requirements for the scheduled opening day of 1 October 2025.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021. The audit process included the review of policies and procedures; the review of staff files; observations; and interviews with management, the lead chef, the regional clinical manager, and the operations transition manager.

The village manager is a registered nurse has been in the role for four years. A clinical nurse manager is supported by the regional clinical manager and the head office team.

There were areas identified as requiring improvement relating to the fire evacuation plan and the completion of the sluice room.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Metlifecare – 7 Saint Vincent Village is owned and operated by Metlifecare Retirement Villages Limited. The business plan includes a mission statement and operational and clinical objectives. The service has quality and risk management systems in place that takes a risk-based approach.

The organisation's health and safety system are in place.

There are human resources policies including recruitment, selection, orientation and staff training and development. An extensive recruitment campaign has seen the service attract the required staffing resources, who are all planned to be in place to support a base roster by opening day.

The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are the only staff to be responsible for administration of medicines. Annual education and medication competencies are a part of the annual training programme.

All meals are to be cooked on site. The service has a current food control plan.

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

The building holds a current warrant of fitness. All care suites have a full ensuite and are large enough to accommodate delivery of care and any required mobility equipment. Corridors are wide and provision of adequate storage will ensure no equipment is needing to be kept in areas likely to impede residents' mobility. The grounds are all flat and evidence maintenance to a high standard. Electrical and biomedical equipment checking forms part of the preventative maintenance schedule.

Documented systems are in place for essential, emergency and security services. Staff are being trained in planned and implemented strategies for emergency management. All staff are completing their first aid training as part of their onboarding processes. All resident rooms have call bells which are within easy reach of residents. Security processes are in place.

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

A suite of infection control policies and procedures are documented and ready to use. All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed, approved and reviewed at organisational level. Surveillance processes are ready to document infection incidents. The service has a robust pandemic and outbreak management plan in place. Chemicals are stored safely throughout the facility.

Here taratahi | Restraint and seclusion

Not Audited.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	10	0	2	0	0	0
Criteria	0	83	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Metlifecare - 7 Saint Vincent Village is owned by Metlifecare Retirement Villages Limited Group. This partial provisional audit was conducted to establish the level of preparedness to provide rest home and hospital level of care from a new 14 bed facility. One apartment block has been repurposed from a two-level serviced apartment dwelling, to a 14 (dual purpose) bed hospital and rest home care suites. The purpose of the change was to enable residents residing in the retirement village to remain in the area, should their care needs surpass what is available within their independent living setting. The new facility will utilise all aspects of Metlifecare Retirement Villages Limited Group service delivery operations.</p> <p>The overarching Metlifecare strategic plan has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare - 7 Saint Vincent Village business and quality plan for 2025-2026 describes specific and measurable goals. The Metlifecare regional clinical manager and the transition operations manager provided support to the team for the audit.</p> <p>The Governance Board consists of five directors and a 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</p>

	<p>issues requiring cultural oversight and direction. The terms of reference for the Metlifecare governance body are documented. The Board and executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The Metlifecare executive team is responsible for the operational responsibility. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequities. 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 all Metlifecare facilities.</p> <p>Clinical governance is overseen by the organisation's clinical governance group and clinical subcommittees, which include residents' advocates and cultural advisors. The clinical governance committee oversees the development of clinical police, ensuring compliance and foster a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician) and head of clinical oversee the activities of the clinical governance committee.</p> <p>The village manager is a registered nurse, has broad experience within the aged care sector, and has been in the role for four years. The village manager has completed Metlifecare leadership courses. The clinical nurse manager has a broad background in different areas of healthcare and will be supported by the regional clinical manager.</p> <p>A comprehensive transition plan documents timeframes for staffing and roster planning; the management structure; activities coordination (including recruitment, activities programming and planning); cleaning and domestic team; staff education and induction planning; operational readiness (including supplies and equipment, power back up, security and surveillance); allied services maintenance; resident services, including meal services, laundry services, medication management, interRAI readiness; documentation; and compliance (including staff training, contracts, admission and enquiry packs and the opening week</p>
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		<p>plan).</p> <p>The planned opening date is 1 October 2025.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Acuity and clinical staffing ratios are described in a policy that outlines rostering and staffing ratios in an event of acuity change and outbreak management. The village manager outlined that there has been a recruitment process in place to ensure the appointment of appropriately skilled and qualified staff for the service. The village manager will retain that role and will have overall responsibility for the management of the care facility, The clinical nurse manager will oversee the day-to-day operations.</p> <p>To date, one registered nurse has been employed, who was completing interRAI training on day of audit. Three more registered nurses were completing their onboarding processes during the week of the audit. Ten caregivers have been successful in their application to join the team and are completing their onboarding requirements also. The transition plan outlines how the staffing roster will start off as a base roster, and will adapt as resident numbers increase. The transition plan outlines that as the facility is over two levels, additional staffing will be brought on board as resident numbers require this. The proposed roster will comprise of one clinical nurse manager Monday to Friday; day shift Monday to Sunday: one registered nurse, and two caregivers with the same numbers for the afternoon shift and night shift, seven days per week. The organisation has a casual pool available and the staff who wish to orientate to the service will be included within the orientation programme in place, as outlined in the transition plan. The clinical nurse manager and a registered nurse will share on-call duties and provide after-hours clinical support all week. The village manager will provide after-hours support for all operational issues each week.</p> <p>The maintenance team are in place and already performing their duties five days per week. They also provide after-hours support for all maintenance issues if required. Cleaners are onboarding and will cover the cleaning duties seven days per week. Laundry staff are onboarding and will cover laundry duties seven days per week. Recruitment is in place for the activities team members. Applications have been received</p>

		<p>and are being short listed.</p> <p>The service will implement the organisation's annual education and training schedule. The education and training schedule lists compulsory training, which includes cultural awareness training. The organisation supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. All new caregivers employed will be encouraged to complete a level three or four New Zealand Qualifications Authority (NZQA) qualification. A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include (but not limited to) moving and handling, hand hygiene, and donning on and off of personal protective clothing. All care staff as they come onboard are completing medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional registered nurse specific competencies include interRAI assessment competency. The clinical nurse manager is interRAI competent and all new registered nurses are to be supported to achieve this also. The organisation provides access to all staff to utilise an external support programme.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule that will be 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.</p> <p>There is a Metlifecare learning and development team (including a Careerforce assessor) that supports staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents. 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</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse</p>	<p>FA</p>	<p>Human resource policies including recruitment, selection, orientation, and staff training and development are in place. Five staff files were reviewed, including one registered nurse, three caregivers and one maintenance</p>

<p>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.</p>		<p>manager. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as infection prevention portfolio; these are signed and on the personal file.</p> <p>A register of registered nurses' practising certificates are maintained within the facility. Two of the staff files sampled had been employed more than a year and had a current appraisal on file. An induction programme provides new staff with relevant information for safe work practice. Competencies are to be completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in a hard copy format protected from unauthorised access. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. The service will implement the organisation's debrief policy and provide support when required.</p>
<p>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.</p>	<p>FA</p>	<p>The organisation has robust medication management policies and procedures in place that will guide all aspects of the safe management of medication for the facility. The service has an electronic medication system in place. All medicine related allergies/sensitivities will be reviewed and documented on the electronic system. Over the counter medications and supplements shall be considered by the prescriber as part of resident's medication. The transition plan outlines how staff will be trained in this system and by when to ensure all are competent by opening day. The clinical nurse manager confirmed this process has</p>

		<p>already commenced.</p> <p>The medication policy outlines the process to be followed in the event a resident wishes to self-administer their medication. If standing orders are to be used, the medication policy outlines the process to be followed. The clinical nurse manager described working in partnership with all residents and family/whānau to provide ongoing support, advice, and treatment for all residents to ensure they understand their medication regime.</p> <p>The service will use plastic rolls for all regular and pro re nata (PRN) medications. A contract is in place with a local pharmacy to provide all medications to the service. The pharmacy has been very supportive of the new facility.</p> <p>The medication room is secure and although small, was adequate for the purpose. The medication room has a safe, medication fridge and a hand basin. The medication trolley is lockable with the contents labelled. Adequate storage is provided for stock medicines. An air conditioning system is set on the required temperature, and this will be checked and monitored daily as part of the registered nurse tasks. This daily check will also include the temperature of the medication fridge.</p> <p>A local medical practice is contracted to provide all medical requirements for the prospective residents. This will include a general practitioner and a nurse practitioner, weekly/fortnightly clinics and the provision of after-hours support seven days per week.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are to be prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring 3 December 2025. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian as part of the organisation's annual review. The lead chef reported they will be open to residents' meal requests and is open to accommodating residents' cultural requests. There are recipes available to prepare traditional Māori kai and this will be provided during Matariki and Te Wiki o Te Reo Māori. Other cultural preferences are catered for. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are to</p>

		<p>be forwarded to the lead chef who will maintain a folder of dietary profiles.</p> <p>The lead chef will oversee all aspects of the food service. They are to be supported by a part-time chef and kitchen hands, who are completing onboarding requirements. The requirement for all staff to have the required safe food handling training is well known and is planned for in the transition plan. Meals are to be transported to the resident dining rooms in hot boxes.</p> <p>The resident dining areas are set up and ready for resident use. The dining area is small; however, the layout facilitates flexibility of how the space can be used. The management team described how they will manage the room layout when the occupancy increases, and they need to accommodate wheelchairs and mobility equipment. The dining area has been tastefully fitted out with high quality furnishings and artwork. The area has large windows and natural light.</p> <p>The service uses a manual system to record and monitor all cleaning schedules in the kitchen area. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. The service is adding to their supply of emergency food, and this is due to be completed by opening day. The lead chef confirmed adequate resources are in place to support all aspects of the food service and they are ready for opening day. They stated they are excited to be part of this new service.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness expiring on 16 July 2026. There is a maintenance manager who works across the complex. They are supported by a part-time maintenance person. The maintenance team are responsible for day-to-day repairs and planned maintenance. Contractors are available 24 hours per day and are brought in as required. There is an electronic system in place that ensures all maintenance requests and issues are logged, prioritised and closed. This is overseen by the village manager. There is an annual maintenance plan that includes electrical testing and tagging. All equipment on site on day of audit was purchased new. The schedule to be followed for resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures is outlined once the service is opened as per policy.</p>

		<p>The building is on two levels, accessible by a lift or a stairwell. The lift is large enough for ambulance transfers using a gurney. There are 14 resident care suites. All of which have been furnished and fitted out to a very high standard. All bedrooms are single occupancy. The resident bedrooms are large and allow easy access for mobility aids. There is a separate lounge, dining area, kitchenette, a king size hospital bed, and a full ensuite in all care suites. All rooms have a ceiling fitting to accommodate a ceiling hoist. Each bedroom has their own balcony of varying sizes. Natural lighting is provided with large windows, and the rooms are well ventilated. Residents will be able to maintain their own heating temperatures with their personal air conditioning units.</p> <p>All bedrooms have a view of the gardens which evidenced maintenance to a high level. One outdoor area is yet to be finalised. The residents have other areas to safely access the outdoors if this is not finished by opening day. A safety plan in place will mitigate the risk until the areas are completed. The facility has wide corridors for residents to safely mobilise using mobility aids. There is one dining area on the ground floor. This room is designed to be flexible to accommodate activities, as well as dining facilities. Residents preferring to have their meals in their rooms have a generous space to do so which easily accommodates space for visitors also. There are adequate storage areas for mobility equipment. All heaters in communal areas can be adjusted. Furniture is arranged around to create a homely and welcoming environment. Visitors and staff toilets have a system that indicates if they are vacant or occupied. Equipment/accessories are available to promote resident independence.</p> <p>The facility has a resident van with current registration and warrants of fitness. The van can accommodate wheelchairs.</p> <p>There is one main nursing station on the ground level and a smaller one on level one. All staff will carry pagers and fobs to access restricted areas. The village manager confirmed there has been Māori consultation and a co-design approach for the refurbishment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The</p>

<p>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.</p>		<p>emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation scheme is yet to be finalised. The first fire evacuation drill is scheduled for next week.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is no generator on site; however, one can be hired when required. The service is accessing their own which is scheduled to be on site prior to opening day. The kitchen can provide basic support with gas cooking, including a barbeque. The service is slowly increasing their supplies of food in preparation for opening day. The provider has a 1,000-litre water tank on site, providing additional water supplies.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. All new staff are being trained in first aid. At time of audit the provider was completing first aid training for staff and the training schedule completed and in progress was sighted, There were sufficient staff across 24/7 with a current first aid certificate. It is an organisational policy that all staff receive training and remain current. A minimum of one person will be trained in first aid on all shifts.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Additional call points are provided in the residents' bedrooms, ensuring wherever they are in their bedroom they can access support. Emergency call points are situated in key areas like the dining room and lounge. When the call bells are activated, the room area shows up on a luminated sign on the ceiling. Staff will carry pagers. Fobs will be provided for all staff to access all areas that have restricted entry. Call bells testing is included within the audit schedule. The facility is secured at night, with the doors and gates closing at predetermined times. Staff and visitors requiring after-hours access make contact via an intercom system.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported at the executive (governance) level. It was confirmed that the programme has been reviewed on an annual basis. The 2025-2026</p>

<p>antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>quality plan includes references to infection prevention and antimicrobial stewardship and how this is integral to day-to-day operations across all the organisations facilities/sites. Infection prevention and antimicrobial stewardship is integral to the business and quality plan to ensure that the environment minimises the risk of infection to residents' staff and visitors. Specialist advice can be accessed through Metlifecare head office, Public Health and Health New Zealand.</p> <p>Clinical indicators including infection rates, are to be assessed at the clinical management 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. Any significant events will be managed using the organisations collaborative approach, and will involve the infection prevention coordinator, the senior management team, the general practitioner, and the public health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical nurse manager has led the implementation of the infection prevention programme for the apartments; however, they are now supporting the registered nurse to develop the infection prevention coordinator (IPC) role. There is an addendum (sighted) to their job description outlining their roles and responsibilities. As part of this role, the clinical nurse manager outlined how they will be supported to attend internal and external education to supplement their role. The current system in place across the organisation ensures infection prevention coordinator, and senior nursing staff can contribute to the review and development of all related clinical policies that may impact on HAI risk.</p> <p>Policies and procedures, and the pandemic plan are comprehensive and have been approved at organisational level. The infection prevention policies are reviewed quarterly and are updated as required. These policies are underpinned by and reflect the spirit of Te Tiriti o Waitangi. The infection prevention programme has been approved by the clinical governance group and is reviewed annually. A suite of infection control policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases and hand hygiene. Adequate hand washing facilities, flowing soap and paper towels are placed throughout</p>

		<p>the facility including resident bedrooms. Personal protective equipment is available.</p> <p>There are policies in place around reuseable/single use equipment and appropriate decontamination of reusable equipment and medical devices. Single use equipment will not be reused. Infection control is included in the internal audit schedule which includes a corrective action process. Infection control audits and results will be monitored by the infection control coordinator.</p> <p>Resources to support an outbreak are gradually being increased and are planned to be completed by 1 October 2025. The clinical nurse manager outlined how new staff will receive infection prevention training as part of their orientation and this will be a part of annual mandatory training going forward. The infection prevention coordinator will lead this part of the training programme.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy that will monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of prescribing charts and medical notes. The clinical nurse manager outlined how the contracted pharmacy and the electronic medication system in place will support the service to monitor the use of all antibiotics prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and</p>	FA	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the Metlifecare infection prevention manual. Monthly data is to be collected for all infections based on signs symptoms and definition of infection and will be entered into the infection register. The infection control coordinator will follow the organisations monitoring processes, where data will be reviewed and analysed for trends monthly, quarterly and annually. The results are to form part of the relevant staff meeting schedules. All results are to be shared with the governance body and all relevant people within the appropriate</p>

<p>regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>timeframes.</p> <p>Processes are in place throughout the organisation to ensure all communication with residents and family/whānau is conducted in a culturally safe manner. There are policies and processes in place around outbreak management. The clinical nurse was knowledgeable around notification requirements and described reporting processes through to the Board.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Low</p>	<p>Staff interviews confirmed the service will embed the organisation’s waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste. An external contractor is setting up the service with the required materials, resources, and chemicals to support the laundry and cleaning processes. Staff are to complete chemical safety training as part of their onboarding, and this is included within the transition plan.</p> <p>There is to be one sluice room, which at time of audit was yet to be completed and secured. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks and visors. Training and education in waste management, chemical safety, and infection prevention is included within the staff training during their onboarding process and as a component of the mandatory training.</p> <p>There are locked cleaners’ cupboards. Chemical bottles are labelled with manufacturer labels. Safety data sheets were available. Cleaners were being recruited at time of audit. When employed, cleaning services will be provided seven days per week.</p> <p>There are policies to ensure the safe and effective management of all aspects of the laundry services, chemical safety and hazardous waste disposal. The laundry is yet to be completed. This will not impede the opening date if not completed by 1 October. The new laundry area in the basement has separate clean and dirty areas to maintain a clean workflow in the laundry. All towels, sheets and other linen is to be sent off site for laundering. Only residents personal clothing will be managed on site. The external contractor can manage this as well temporarily, if</p>

		<p>required. Laundry staff were being recruited at time of audit and will ensure the laundry is operational seven days per week.</p> <p>The environment, cleaning and laundry services are included in the organisational internal audit schedule, which will be reviewed and monitored by the infection control coordinator.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	Discussion with management and review of documentation evidenced that the service has followed process and procedure to ensure an approved evacuation is in place approved by Fire and Emergency New Zealand; however, due to outstanding work required to be completed in the stairwell, the evacuation plan is yet to be approved.	The provider does not yet have a fire evacuation plan in place that is approved by Fire and Emergency New Zealand.	<p>Ensure an approved fire evacuation scheme is in place prior to opening the facility 1 October 2025.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p>	PA Low	The service has organisational policy and procedure in place to provide guidance and keep staff and visitors safe; however, discussion with staff and observation confirmed the service does not have an operational sluice room.	The service does not have a sluice room in operation to support the safe management of waste and/or hazardous substances.	<p>Ensure a sluice room is in operation prior to opening the facility.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.