

Metlifecare Retirement Villages Limited - Metlifecare Coastal 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:	Metlifecare Coastal Villas
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 August 2025 End date: 15 August 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:	24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Metlifecare Coastal Villas is owned and operated by Metlifecare Retirement Villages Limited. The facility is part of a well-established village in Kapiti. The service provides hospital (medical and geriatric) and rest home levels of care for up to 30 residents. On the day of the audit there were 24 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff and the general practitioner.

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

The certification audit has identified shortfalls around cleaning and building warrant of fitness.

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 Coastal Villas 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 Coastal Villas 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 Coastal Villas is owned and operated by Metlifecare Retirement Villages Limited. The business plan includes a mission statement and operational and clinical objectives. The service has documented quality and risk management systems in place that

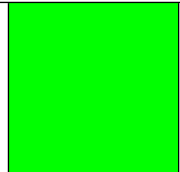
take a risk-based approach. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level, reported to the health and safety business partners and general manager clinical and risk, and a consolidated report and analysis of all Metlifecare facilities are then provided to the Board.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Metlifecare Coastal Villas has an admission package available prior to, or on entry to the service. The nurse manager efficiently manages the entry process to the service. Admissions are managed by the registered nurses and the general practitioner. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

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. Outbreak response procedures are in place and include a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There have been outbreaks 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. There are documented policies and procedures for the cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Metlifecare is committed to maintaining restraint-free services. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. There are currently no residents using restraints at Metlifecare Coastal Villas. Education is provided to staff around restraint minimisation and de-escalation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service and based on He Korowai Oranga: Māori Health Strategy 2014. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Metlifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members from Te Atiawa Iwi through Whakarongotai marae to share interests and inform practice. Cultural assessments are in place and are completed for residents who identify as Māori (when required).</p> <p>The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Metlifecare Coastal Villas. The Metlifecare Coastal Villas business plan 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, and the Māori health plan documents workforce inclusion strategies. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. There</p>

		<p>were residents who identified as Māori at the time of the audit.</p> <p>Interviews with fifteen staff (five caregivers, four registered nurses [including one senior registered nurse], kitchen manager, administrator, one diversional therapist, one Maintenance and Grounds Manager and two domestic aides [cleaner and laundry assistant]); and three managers (nurse manager, village manager and regional clinical manager) explained how they work collaboratively to embrace, support, and encourage a Māori worldview within the delivery of their services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific health plan describes the commitment to appropriate care for Pasifika residents of Metlifecare Coastal Villas. The plan supports either Te Vaka Atafaga or the Fonafale model of care, depending on the model most appropriate for the individual, at their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There are Metlifecare cultural champions that represent Pacific staff and residents and they ensure they have a voice.</p> <p>There were residents identifying as Pasifika at the time of the audit. The nurse manager confirmed that family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, and recognition of cultural needs.</p> <p>There were staff identifying as Pasifika at the time of the audit. Metlifecare Coastal Villas 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. They have access to Pacific health plus practice advice and the practice also provides a Whanau Ora service for all Pasifika. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is accessible in a range of languages.</p> <p>The nurse manager described how Metlifecare Coastal Villas increases the capacity and capability of the Pacific workforce, as described in the business plan.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager and senior registered nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings facilitated by the resident advocate. 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.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports.</p> <p>Interdenominational church services are held regularly, 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 Coastal Villas business and quality plan for 2024-2025 and the Māori health plan. Regular cultural safety audits are completed as part of the annual internal audit schedule.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Interviews with five residents (three rest home and two hospital level) and two rest home family/whānau confirm that individual cultural beliefs and values are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and</p>	<p>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice; they are treated with respect, and</p>

<p>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.</p>	<p>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.</p> <p>The Metlifecare annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is resident directed, holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to privacy and this was confirmed by a couple who were interviewed. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Care plans reviewed evidence the independence of residents is respected and is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans document resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the activity assessment and 'Know Me Booklet' and in the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys evidenced resident satisfaction in relation to upholding residents' spiritual and cultural needs.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use, and te reo Māori resources are available on the education platform. Cultural training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care, and tikanga Māori. Cultural days are celebrated and the activities programme meets Tāngata whaikaha social needs and enable their participation in te ao</p>
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		Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Metlifecare Coastal Villas policies documents actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, the understanding of injustices/bias and the code of ethics. Metlifecare strategic direction, mission and values includes a commitment to abolish institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries and code of ethics are covered as part of orientation. A holistic strength-based model of care is implemented and is evident throughout all areas of the service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Monthly resident meetings identify feedback from residents and consequent follow up by the</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>service. Residents are also supported by their EPOA (enduring power of attorney) to develop their goals in their care journey.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large-print format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services, and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services. The nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau, which evidence effective communication.</p>
<p>Subsection 1.7: I am informed and able to make choices 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</p>	<p>FA</p>	<p>The Informed and Voluntary Consent policy guides staff around informed consent processes. The resident files reviewed included signed general consent forms as part of the admission agreement. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was, and knew they had the right to choose.</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>In the five files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment was on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a Metlifecare complaints and feedback policy. Information about the complaint's procedure is provided to residents and family/whānau on entry to the service. The nurse manager maintains a record of all formal complaints, feedback and concerns (both verbal and written) by using a complaint register.</p> <p>Seven complaints have been made since the last audit in March 2024; four in 2024; and three year to date in 2025. The complaints reviewed evidenced acknowledgement of the lodged complaint, and an investigation and communication with the complainants. Complaints are managed in accordance with the guidelines and provide assurance that the facility is meeting accepted good practice and adhering to relevant standards. The nurse manager has a good understanding of effective complaints resolution.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional clinical manager and the Metlifecare head of clinical. There were no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a</p>

		<p>concern, including (but not limited to) resident meetings, one on one with management, or through the website.</p> <p>Interviews with family/whānau confirmed the nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process, when required. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The nurse manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication and involvement of family/whānau.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Metlifecare Coastal Villas is owned by the Metlifecare Retirement Villages Limited group. The care facility is part of an established retirement village and is certified to provide hospital (medical and geriatric) and rest home level of care for up to 30 residents in the care facility. At the time of the audit there were 24 residents in the care facility: 19 hospital residents, and five rest home level residents. All the residents were on the age-related residential care (ARRC) agreement. All 30 beds in the care centre are certified for dual purpose. There are no double or shared rooms. There are five rest home level beds in the serviced apartments which are not currently in use.</p> <p>Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Metlifecare Coastal Villas business and quality plan for 2024-2025 has been reviewed quarterly, as evidenced in the monthly reporting. The service is currently implementing the 2025-2026 business and quality plan. Metlifecare Coastal Villas business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery and include medication optimisation, meaningful activities programme, improved dining experience, quality palliative care, and cultural safety.</p>

	<p>The regional clinical manager confirmed the governance structure. The 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).</p> <p>The terms of reference for the Metlifecare governance body are documented. The Board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The Metlifecare executive team is responsible for the operational responsibility. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Metlifecare Coastal Villas 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 (surveys, monthly resident meetings) for family/whānau to provide feedback to participate in the planning and implementation of service delivery.</p> <p>Clinical governance is overseen by the organisation’s clinical governance group and clinical subcommittee, which include resident advocates and cultural advisors. The clinical governance group oversees the development of the clinical policies, ensuring compliance</p>
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		<p>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 clinical governance group. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement activities and reports to the Board. There is a head of clinical at organisational level who leads the team of four regional clinical managers, a head of clinical, a clinical quality specialist who oversees clinical projects, and an infection prevention and antimicrobial specialist who support the Metlifecare facilities.</p> <p>The nurse manager is a registered nurse with years of aged care management experience, and has been in the role for over ten years. The nurse manager is supported by a village manager (non-clinical) who provides operational support. They have been in their role for one year and have years of management experience. A senior registered nurse who started their role in April 2025 also supports the nurse manager. They have a history of working previously as a senior registered nurse at Metlifecare Coastal Villas. A regional clinical manager provides clinical support to the facility and oversees six other Metlifecare care centres. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager. The nurse manager has completed Metlifecare conferences and mandatory training to equip them with knowledge and skills for managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>FA</p>	<p>Metlifecare Coastal Villas is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data, that includes (but not limited to) falls; medication errors; infections; skin integrity/tears; wounds and pressure injuries; behaviour of concerns; complaints; and restraints. Monthly staff quality meetings, registered nurse and caregiver meetings provide an avenue for discussions in relation 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</p>

<p>and support workers.</p>	<p>internal audits. Internal audits, resident meetings, staff meetings and collation of data were documented as taking place. Quality data and trends in data are posted on a quality noticeboard in staff areas. Quality data analysis including benchmarking, feedback through residents' meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori; this is evident through the annual cultural safety audit completed. Tāngata whaikaha, with the support from a resident advocate, have meaningful representation through the monthly resident meetings and six-monthly multidisciplinary meetings.</p> <p>A six-monthly resident and family/whānau survey is conducted by an independent external company. The results of the June 2025 resident and family/whānau satisfaction survey evidence an overall satisfaction rate of 82.7%. The residents, family/whānau and staff received the results. Areas of corrective actions related to activities and family involvement have been developed, set as goals, and strategies are being implemented. Interviews with resident and family/whānau on the days of the audit expressed satisfaction with service delivery by Metlifecare Coastal Villas.</p> <p>Metlifecare Coastal Villas implements a continuous quality improvement approach with service delivery, including critical review of clinical data, benchmarking, and identifying opportunities for improvement. Quality improvement projects are documented in relation to reduction in falls, and activities programme to increase engagement and resident satisfaction.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the clinical quality specialist and clinical governance group. New policies or changes to policy are communicated and discussed with staff and available on the intranet.</p> <p>A health and safety system and health and safety manual is in place.</p>
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<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</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering, staffing and rationale. The roster provides sufficient and appropriate coverage for the effective delivery of clinically and culturally safe care, and support for residents. Review of the previous two weeks roster confirmed that there is registered nurse cover 24/7. The number of caregivers on each shift is sufficient for the acuity,</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is a runner shift on the morning and afternoon shifts to provide non-care related support, as well as response to call outs from the village. The roster reviewed was fully covered and backfilled when staff were absent on short notice. There are no current vacancies.</p> <p>Caregivers reported staffing is adequate and the workload is manageable. There are enough staff allocated to cover the care facility. There is a Metlifecare internal casual staff pool (Metflex) to assist with roster cover. 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.</p> <p>The nurse manager works full-time (Monday to Friday). In the absence of the nurse manager, the senior registered nurse will oversee the service supported by the regional clinical manager and the village manager. There is an after-hours on-call roster for clinical support.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists mandatory training topics, which includes cultural training, and is done as part of the curriculum in 'Peak Academy' online platform. External training opportunities for care staff include training through Health New Zealand the hospice, face to face training in-house, and webinars. Staff have completed the required mandatory training for 2024 and are implementing the 2025 mandatory training cycle. Completion is recorded in the electronic system.</p> <p>There is a Metlifecare learning and development team (including a Careerforce assessor) that supports staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents at Metlifecare Coastal Villas. 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</p>
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		<p>training and share information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifteen of the seventeen caregivers employed at Metlifecare Coastal Villas have achieved a National Certificate in Health and Wellbeing level three or above. There is a comprehensive library with resources on the intranet. Metlifecare supports all employees to transition through the NZQA Certificate in Health and Wellbeing.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional 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 nine registered nurses (including nurse manager and the senior registered nurse) and one enrolled nurse. Seven registered nurses are interRAI trained and have maintained their competency.</p> <p>All caregivers are required to complete competencies at orientation. Annual competencies include restraint, moving and handling, hand hygiene, second checker for medication, or medication administration competency, and correct use of personal protective equipment. A selection of caregivers' complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys, and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff recruitment processes are managed by the Metlifecare recruitment team on an electronic human resources system (Meteor). Six staff files reviewed (one nurse manager, one registered nurse, two caregivers, one domestic aid and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police vetting checks, and evidence of a completed orientation. All peak performance objectives are set at the beginning of the financial year, and performance is measured against the objectives and completed at the end of each financial year. All staff files reviewed had a completed peak performance (appraisal) objective evaluation completed.</p> <p>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, including (but not limited to) registered nurses, enrolled nurses, general practitioner, physiotherapist, pharmacist, podiatrist, and dietitian.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented. The staff return to work programme following injuries are managed by an external company.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-</p>

<p>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.</p>		<p>up using cloud-based technology and password protected. There is a documented Metlifecare disaster management plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. 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.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. The nurse manager and senior registered nurse assists family/whānau and residents to navigate the assessment and admission process. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Five admission agreements reviewed align with service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The nurse manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are</p>

		<p>provided with alternative options and links to the community, if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Metlifecare Coastal Villas is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with Te Atiawa Iwi through Whakarongotai marae.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit (three hospital residents and two rest home residents). The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process, as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is a Pasifika health care plan which is utilised for residents who identify as Pasifika. Barriers preventing access to information and services are identified and minimised.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All long-term files reviewed had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed.</p> <p>Short-term care plans for infections, weight loss and behaviour that challenges, and wound plans were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A general practitioner (GP) ensures residents are assessed within five</p>

	<p>working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility at least once weekly. The nurse manager and senior registered nurse is available for clinical advice and decision making after hours, as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence at Metlifecare Coastal Villas. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work two hours a week, and additional hours when required. The Metlifecare dietitian is contacted as required. A podiatrist visits six to eight-weekly. A continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by RNs and caregivers. The RNs further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were eight wounds at the time of audit, including one stage II pressure injury. The remaining wounds included lesions, abrasions and skin tears. All wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs (if required) to show healing progression. The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for</p>
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		<p>individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one diversional therapist who works 32 hours a week Monday to Friday. The programme is supported by a volunteer activities coordinator. The caregivers support the weekend programme. The programme is planned monthly. The calendar is placed in the lounge, and each resident gets a copy. The diversional therapist facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities, such as manicures, hand massage and chit-chat. This was observed during the audit and verified in interviews with residents. There are small areas where residents and families/whānau can access games, puzzles and books and have quiet time.</p> <p>The diversional therapist completes a “know me” booklet on admission that outlines the resident interests, life history and significant connections. The ‘know me’ booklet supports development of the activities plan. The activities plan is reviewed six-monthly at the same time as the review of the LTCP. This was sighted in the resident files reviewed. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include body and mind (exercises); newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo and happy hour. There are regular van drives for outings, regular entertainers visiting the residents, church services, and Roman Catholic communion.</p>

		<p>The residents enjoy going down to the village lounge for coffee. There are regular resident meetings where residents can provide feedback on the activities programme. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. RNs and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All medications with a short shelf life have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-administering their medications on the days of audit; however, there is a policy to guide staff when residents wish to self-administer medications.</p> <p>Pro re nata medications are administered as prescribed and effectiveness is documented on the electronic medication record and in the progress notes. Medication competent caregivers or RNs sign when the medication has been administered. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications</p>

		<p>and side effects. This is documented in the progress notes.</p> <p>The RNs and nurse manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site by a contracted service provider. There is a kitchen manager (chef) who works five days a week and is also on call. There are staff available in the kitchen from 7am to 7pm, seven days a week. All kitchen staff have completed safe food handling training.</p> <p>The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced.</p> <p>The five-weekly seasonal menu has been reviewed by the Metlifecare dietitian. There is a food service manual. The kitchen manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Māori or Pacific menu options are available upon request and family/whānau can bring special meals for their relatives. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen manager completes daily fridge and freezer temperatures recordings electronically. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Kitchen cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area, the dining experience was</p>

		<p>observed to be pleasurable. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move 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>	PA Low	<p>The building holds a B-RaD which was issued 28 May 2025. The corrective action required has been completed (records sighted). There is a Maintenance and Grounds Manager (interviewed) who is supported by a team of two maintenance staff (one part-time, one full-time) and three part-time gardeners. Maintenance requests are made electronically by staff which are then triaged and actioned by the Maintenance and Ground Manager. These are closed out when repairs have been completed.</p> <p>There is an annual preventative maintenance plan that includes electrical testing and tagging (completed August 2025), calibration of medication equipment (completed April 2025) and monthly testing of hot water temperatures. If hot water temperature recordings are out of expected range, then a plumber is notified. The Maintenance and Grounds Manager confirmed essential contractors/ tradespeople are</p>

		<p>available 24 hours a day as required.</p> <p>Most of the facility is carpeted, with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility, and can personalise their room. All rooms are single occupancy, and all rooms have a hand-basin and a toilet. There are ample communal showers. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and communal showers. The hallways are wide. The main lounge is large allowing ample room for residents to mobilise and use equipment safely. Lound and dining facilities meet the needs of residents. There are small alcoves for residents to have quieter times or entertain visitors. Activities take place in the large main lounge. There are sufficient communal toilets situated near communal areas.</p> <p>There are outdoor areas, with outdoor seating and shaded areas. The gardens are landscaped.</p> <p>The building is appropriately heated and ventilated. There are panel heaters throughout the facility. There is ample natural light in the rooms.</p> <p>The village manager and nurse manager described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>Emergency New Zealand on 20 March 2004.</p> <p>Fire evacuation drills are held six-monthly. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has a contract with a company to supply a generator in an emergency. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. There is an emergency water tank, providing three litres per person, per day.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night; there is security lighting and nightly security patrols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Metlifecare Coastal Villas business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p> <p>Expertise in infection control and AMS can be accessed through Metlifecare's support office, Public Health and Health New Zealand. Clinical indicators, including infection rates, are thoroughly assessed at the clinical management team (CMT) meetings, attended by nurse managers and senior registered nurses. These meetings are chaired by the head of clinical and the outcomes are reported at each clinical governance group (CGG) meeting.</p> <p>Clinical indicator 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</p>

		<p>managed using a collaborative approach and involve the infection prevention and control resource nurse, 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The senior registered nurse is the infection prevention and control (IPC) resource nurse, who leads, oversees and coordinates the implementation of the infection control programme and antimicrobial stewardship (AMS). Infection prevention and control resource nurse's role, responsibilities and reporting requirements are defined in the infection prevention and control resource nurse job description. They have access to shared clinical records and diagnostic results of residents. The infection prevention and control resource nurse has completed online training through Metlifecare, orientation into the role, and is registered to attend external education in infection prevention and control for clinical staff in August 2025.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with IPC resource nurse. Policies are available to staff.</p> <p>The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The service has access to national infection prevention expertise through Metlifecare support office (clinical quality specialist). The Infection Prevention and Control Plan for 2025-2026 is being implemented and links to the quality plan. The Infection Control and Prevention Plan has documented objectives and are reviewed quarterly on the progress.</p> <p>The infection control committee meets as part of the monthly staff quality meeting, where all collation of data is reported on. This information is also displayed on staff noticeboards.</p> <p>The infection prevention and control resource nurse and the nurse manager confirmed the implementation of the pandemic plan is</p>

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

		<p>notified appropriately and advice for all outbreaks are sought from Public Health and Health New Zealand infection prevention and control team. There have been two Covid-19 outbreaks since the last audit. The outbreaks were well documented, with debrief meetings identifying what went well and areas of improvement for future outbreak management. The outbreaks were well managed and reported appropriately.</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>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. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on site by dedicated domestic aids (laundry assistants), seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the well-ventilated laundry area. Kitchen linen and mop heads are also done on site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>There are domestic aids (cleaners) on seven days a week. Cleaning trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have not been consistently maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective</p>

		<p>clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. There were cleaning and laundry audits completed by the infection prevention and control resource nurse that evidence compliance.</p> <p>The infection prevention and control resource nurse provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Metlifecare and Metlifecare Coastal Villas are committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the senior RN. There are no residents using restraints. If restraint is used, it would be reviewed monthly by the restraint coordinator and reported at the staff and quality meetings, as well as to the nurse manager. Restraint is a standing agenda item at the staff quality meetings. The restraint coordinator (interviewed) described the focus on minimising restraint wherever possible, and maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>

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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The facility is required to hold a Building Warrant of Fitness. The inspection was completed at the scheduled anniversary and a B-RaD was issued 28 May 2025. A B-RaD was awarded as a set of fire doors were not closing flush. Following this finding, the facility completed the required remedial work required.	A building warrant of fitness has not been issued.	<p>Ensure a current Building Warrant of Fitness is in place.</p> <p>365 days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning</p>	PA Low	There are designated domestic aids (cleaners) responsible for cleaning duties. There are cleaning guidelines and schedules in place, which are ticked off by staff to indicate cleaning processes have been completed each shift for daily and periodic cleaning. At the time of the audit the only records sighted were for the month of August 2025 and staff could not evidence cleaning schedule records for the previous	There are no consistent records sighted at the time of the audit to indicate that cleaning was completed in line with the daily and periodic cleaning scheduled.	<p>Ensure documented evidence of the cleaning that has been completed as per schedules.</p> <p>90 days</p>

<p>processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>		<p>months. Interview with staff confirms their awareness of what is expected of their roles as per cleaning guidelines. Staff have received the required training, including that of chemical safety. Cleaning equipment and supplies were stored safely in locked storerooms.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.