

# Metlifecare Retirement Villages Limited - Whangarei Park Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	Whangarei Park Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 4 December 2025      End date: 5 December 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	83

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Whangarei Park Village is owned and operated by Metlifecare Retirement Villages Limited. The facility is part of a well-established village in Whangarei. The service provides hospital services - (medical and geriatric), rest home and secure dementia level of care for up to 88 residents. On the day of the audit, there were 83 residents.

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

The village and care manager (a dual role) is experienced and is supported by two assistant care managers, registered nurses, and a team of experienced care and support staff. Interviews with residents, family/whānau, and the general practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified shortfalls pertaining to the building warrant of fitness and the fire evacuation scheme.

## 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.

Whangarei Park Village provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau.

There are established systems to facilitate informed consent that work alongside enduring power of attorneys. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are equitable and resolved in collaboration with those involved.

## 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.

Whangarei Park Village is owned and operated by Metlifecare Retirement Villages Limited. The business plan includes a mission statement and operational and clinical objectives. Services are planned, coordinated, and are appropriate to the needs of the

residents. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training, and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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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Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes an assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. There are policies and processes describing medication management that align with accepted guidelines.

Staff responsible for medication administration have completed annual competencies and education. A comprehensive suite of policies is in place that align with current legislation. All medication charts were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

All meals and baking are prepared on site. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for. Residents were satisfied with the food services provided.

A dedicated team of staff lead the activities programme through the facility. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. Residents were satisfied with the activities on offer.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

## **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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There is a Building Warrant of Fitness Report and Declaration (B-RaD) in place. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. There is one couple sharing a room, otherwise all other rooms are single occupancy. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A first aid trained staff member is always on duty. Appropriate security measures are undertaken.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection prevention programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme.

Infection prevention 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. The service has a robust pandemic and outbreak management plan in place. There have been outbreaks reported since the previous audit. There are documented processes for the management of waste and hazardous substances in place. The internal audit system monitors for a safe environment.

Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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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 Whangārei Park Village. 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. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. The service is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau.</p> <p>There are clear processes to include tikanga in everyday practice and training for staff. Review of documentation and staff interview evidenced that all staff have completed training around Te Tiriti o Waitangi. There is an established relationship with local iwi, kaumātua, and a kapa haka group; all of whom provide day to day guidance to Whangarei Park Village staff regarding cultural practices, to meet the needs of the residents and their family/whānau. Residents and family/whānau at Whangarei Park Village engage in providing input into all aspects of the resident's care needs.</p> <p>Whangarei Park Village focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by recruiting</p>

		<p>and employing Māori staff at Whangarei Park Village. At the time of the audit there were staff who identified as Māori.</p> <p>The service can evidence commitment to a culturally diverse workforce, as demonstrated in the Māori health plan. The service has signage throughout in te reo Māori, and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English, with pamphlets available. There were residents who identified as Māori at the time of audit.</p> <p>Interviews with 15 staff (four caregivers, four registered nurses, one maintenance manager, four activity staff [including a diversional therapist], one laundry assistant and a kitchen manager); and four managers, (village and care manager, a regional clinical manager and two assistant care managers); and documentation reviewed evidenced 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>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, which reflects the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. On admission the resident's ethnicity is documented. Although there were no Pacific residents at the time of the audit, registered nurses interviewed explained how family/whānau would be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs.</p> <p>Individual cultural beliefs are documented in the resident's care plan and activities plan. The village and care manager stated how Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. The village and care manager described how the service continues to provide equitable employment opportunities for the Pacific community.</p>

		<p>There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pacific community through staff linkages to ensure connectivity within the region. The Code is available in Tongan, Samoan and other Pacific languages when required.</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 assistant care managers and registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language. Discussions relating to the Code are held during the resident meetings. The residents' family/whānau interviewed reported that the service is upholding residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Other formats are available online.</p> <p>There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan that is in place. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Care staff interviewed were aware of resident's rights and confirmed having attended ongoing training.</p> <p>Interviews with five residents (four rest home and one hospital), and seven family/whānau (four hospital, one rest home and two dementia) confirmed 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 interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would</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>like family/whānau to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The service training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative 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 and respect.</p> <p>Interviews with family/whānau confirmed that residents and family/whānau are treated with respect. 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 have space for intimate relationships. There were no couples receiving services at the time of the audit. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The village and care manager, assistant care managers, and staff have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. A review of documentation and discussions with staff evidenced the service has achieved 100% staff attendance for all cultural training delivered. Staff were observed actively promoting te reo Māori in the workplace. The audit process began and ended with a karakia. Activity coordinators confirmed that the service actively supports te ao Māori by identifying needs and aspirations, which include the physical, spiritual, family/whānau, and psychological health of the resident.</p>
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<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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Policies guide staff to prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. Policies guide staff on how to address the elimination of discrimination, harassment, racism, 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, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff have been provided with education on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police and reference checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' finances.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. The service promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents, including Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. The information pack that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, and complaints. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident</p>

<p>them about their choices.</p>		<p>forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Incident/accident forms reviewed consistently documented next of kin had been notified. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. Discussions with staff outlined how staff and family/whānau provide interpretation for the resident.</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. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services.</p> <p>The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical care managers and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meetings, emails, and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice.</p> <p>There is an advanced directive policy. In the files reviewed there were appropriately signed resuscitation plans, and advance directives were consistently completed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving the services wants them to</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all files sampled. Copies of EPOA's or welfare guardianship were in resident files where applicable. Where the EPOAs are activated, a medical letter of incapacity is also 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>The complaints procedure is provided to residents and family/whānau on entry to the service. The village and care manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been 13 internal complaints received to date this year, and 44 in 2024. Many were low level risk, confirming the service maintains a proactive stance to any negative feedback. Corrective action plans are created when required, to ensure learnings occur when gaps are identified in service delivery. All the complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service.</p> <p>There has been an external complaint lodged with the Health and Disability Commission in 2022. The village and care manager confirmed this was closed in 2025, with confirmation that two recommendations arising from the complaint have been actioned.</p> <p>All complaints received and subsequent corrective actions have been shared with staff in the quality and staff meetings. A review of documentation and an interview with the village and care manager confirmed that complaints are discussed at Board level. Access to complaints forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>Information on the Code and complaints process is visible, and available in te reo Māori, and English. Interviews with the village and care</p>

		<p>manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the HDC. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village and care manager acknowledged their understanding that for Māori, there is a preference to include whānau participation and face to face meetings.</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>Whangarei Village Park 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), rest home, and dementia level care for up to 88 residents. The service has 34 rest home level beds, 27 hospital level, 15 secure dementia level, and 12 dual purpose (rest home/hospital). At the time of audit, there were 83 residents: 33 rest home (including one resident receiving respite care with accident corporation [ACC] interim care funding; 35 hospital; and 15 dementia level residents. All but one of the residents were on the age-related residential care (ARRC) agreement. There are no double or shared rooms.</p> <p>The Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The strategic plan outlines the clear business goals to support their philosophy of empowering residents through a resident centred care model. The Metlifecare Whangarei Village Park business and quality plan for 2024-2025 has been reviewed, as evidenced by monthly reporting. The service is currently implementing the 2025-2026 business and quality plan. Metlifecare Whangarei Park Village business plan describes specific and measurable goals. These site-specific goals relate to business and quality of service delivery, including 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</p>

	<p>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 meet quarterly; however, they receive monthly reports from the senior executive team (chief financial, 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 knowledge 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 maintains operational responsibility. The weekly and monthly reporting structure informs the Board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Whangarei Park Village are holistic in nature and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to ensure improved 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>There are four regional clinical managers; head of clinical, a clinical quality specialist (who oversees clinical projects), and an infection prevention and antimicrobial specialist who support Metlifecare facilities. Clinical governance is overseen by the organisation's clinical governance group, and clinical subcommittee, which includes 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), and head of clinical, oversee the activities of the clinical governance group. The clinical subcommittee is responsible for overseeing clinical risk, outcomes and continuous improvement activities and reports to the Board.</p> <p>The village and care manager is a registered nurse with broad experience within the public hospital and more recently in aged care. They commenced employment at the facility in December 2022 as a care manager. This role was later changed to that of village and care manager. They are supported by two assistant care managers. One of which commenced their role 18 months ago and the other three years ago. A regional clinical manager provides clinical support to the facility and oversees other Metlifecare care centres. They provided support to the team for the audit. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager. The village and care manager and the two assistant care managers have completed well in excess of eight hours training pertinent to their roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Whangarei Park Village has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly village and care manager report. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule.</p> <p>The service implements a continuous quality improvement approach with service delivery, including critical review of clinical data, benchmarking and identifying opportunities for improvement. Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented.</p>

	<p>New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident and relative satisfaction surveys are conducted. The resident satisfaction survey results from October 2025 show high satisfaction with key areas of service delivery and all areas evidence higher ratings from 2024. The resident survey results evidenced over 90% of residents were either satisfied or highly satisfied with the care received. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings occur monthly. Minutes reviewed demonstrated issues raised are followed up, with actions being reported back to the meeting. Health and safety policies are implemented and monitored through the monthly meetings.</p> <p>Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety committee, led by the village and care manager. Representation from all departments attend the health and safety monthly meetings. The maintenance manager was interviewed about how health and safety is managed day to day. There is a risk register in place and is the responsibility of the committee. Hazard identification forms and an up-to-date hazard register were sighted. The hazard register is regularly reviewed and updated.</p> <p>The service documents incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Incident and accident forms reviewed evidenced completion, review by the appropriate team member, and closure when the investigation was completed. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at quality, registered nurse, and staff meetings, and a summary kept in staff areas.</p> <p>Discussions with the regional clinical manager and village and care manager and review of documentation evidenced their awareness of the requirement to notify relevant authorities in relation to essential</p>
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		<p>notifications. Section 31 reports and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed for change within the management roles, facility issues, resident behaviour, and falls with injury. There have been two outbreaks appropriately documented and reported since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The village and care manager interviewed, confirmed staff needs and shortages are reported within their facility report to head office. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care, 24 hours a day, seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. A review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover, and support of the clinical and management team. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There are dedicated activities, maintenance, kitchen, laundry, and cleaning staff supporting service delivery.</p> <p>The service contacts their own staff and those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and review of meeting minutes. Residents confirm their care requirements are attended to in a timely manner. The managers (village and care manager and assistant care managers) all work full time Monday to Friday. There is shared on-call cover between the village and care manager, assistant care managers, and senior registered nurses. The village and care manager takes overall responsibility for the service 24/7. Maintenance staff are rostered over five days, with on-call cover by the maintenance manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural awareness training at orientation and ongoing as part of the training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with</p>

		<p>up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Whangarei Park Village supports all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. Of the 46 caregivers, 31 have completed Level four (plus 15 who are medication competent); eight have completed Level three; and four have completed Level two. Confirmation was provided that all caregivers that work within the secure dementia unit (Jacaranda) have completed the limited credit programme (LCP) to satisfy the learning requirements under clause E4.5 (f) of the ARRC. A record of completion is maintained on electronic system and staff files.</p> <p>All staff are required to complete competency assessments as part of their orientation and maintain these annually. Registered nurses complete specific competencies that include restraint, medication administration, wound care, subcutaneous fluids, syringe driver, and interRAI assessments. There are 10 registered nurses (including the assistant care manager) who are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking, infection prevention and control, and identifying and assessing the unwell resident. All caregivers are required to complete annual competencies including restraint, manual handling, cultural safety, and hand hygiene. A selection of caregivers has completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system and in staff files.</p> <p>Support systems promote health care and staff wellbeing and a positive work environment. This includes staff welfare that is promoted through provision of regular cultural themed activities and shared meals at staff meetings. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</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>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, 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, general practitioner, dietitian, podiatrist, pharmacists, and physiotherapist. There is a policy related to performance review process in place and a performance review schedule maintained by the village and care manager. All staff who have been employed for over a year have completed performance reviews on file.</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. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Management and staff reported they can be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed that debriefs occur to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff. Staff reported that management are visible, supportive and that a “family friendly” ethos is promoted within the facility.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	<p>FA</p>	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents’ information is held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password</p>

<p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village and care manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The village and care manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring hospital, rest home, and dementia level of care were in place.</p> <p>Residents assessed as requiring dementia level of care were admitted with consent from EPOAs, and documents sighted verified that EPOAs consented to referral and specialist services. Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Family/whānau were updated where there was a delay to entry to service, as communicated during family/whānau interview. Residents and family/whānau interviewed confirmed they were consulted and received sufficient information regarding the services provided.</p> <p>The assistant care manager (registered nurse) reported that all potential</p>

		<p>residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents and staff members who identified as Māori at the time of the audit. Routine analysis shows entry and declines rates, including specific data for Māori. The service has linkages with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</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>Ten resident files were reviewed, including three dementia level residents, four rest home level residents (including one resident receiving Accident Compensation Corporation (ACC) interim care funding) and three hospital level residents. Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed in a timely manner, including for the resident funded by ACC.</p> <p>Within three weeks of admission an interRAI assessment is completed by the registered nurses and is used to inform development of the long-term care plan, along with input from resident and family/whānau, caregivers, and activities staff. Long-term care plans include planned interventions that cover medical conditions, physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and preferences. Care plans for residents in the Jacaranda (dementia) unit include activities over the 24-hour period and strategies to manage disorientation, behaviours that challenge, including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully.</p> <p>Family/whānau interviewed from the rest home, hospital and dementia services confirmed they are involved in assessments, care planning, and review processes, and that residents are supported to have choice</p>

	<p>and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health practitioners. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and family/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner (GP) or register with the facility-contracted GP service. The GP visits the service twice a week. Initial medical assessments occur within the required timeframes. The GP was interviewed and was happy with the communication from the registered nurses and assistant care manager. Allied health care professionals involved in the care of the resident include (but are not limited to): physiotherapist who is onsite weekly (and as required), podiatrist, wound specialist, and hospice. There is evidence in resident files that health care professionals are involved as clinically indicated. The electronic files allow for integration of services with all staff, including caregivers, registered nurses, and activities staff involved in contributing to the residents' files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the care plan is being reviewed.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded as per policy. Monitoring of care is stated in the care plans and include (but are not limited to) intentional rounding, wound monitoring, and behaviour monitoring, and are seen to have occurred as outlined in the care plan.</p> <p>A wound register is maintained, showing 26 active wounds, including one stage II pressure injury and two leg ulcers. The remaining wounds include lesions, abrasions, and skin tears. Review of wound plans</p>
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		<p>confirms wounds are being assessed and redressed according to the frequency outlined in the wound plan. Wound management includes taking regular photographs and measurements of wounds, as seen in plans reviewed.</p> <p>Care plans are evaluated and reviewed at least six-monthly in all service areas, and include input from the registered nurse, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the resident's goals are being met and if there are new goals identified, the care plan is reviewed and updated.</p> <p>The Māori health plan supports residents and family/whānau as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori, as seen in cultural care plans reviewed. The assistant care manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Cultural assessments are completed by staff who have completed cultural safety training.</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>	FA	<p>The service employs one diversional therapist and three activities coordinators. One of the activities coordinators interviewed is a personal trainer and supports rehabilitation programmes prescribed by the physiotherapist. Anecdotally the appointment of this position has reduced the rate of falls across the facility.</p> <p>Activities are provided at Whangārei Park Village seven days per week. The activity programme is based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. A resident profile detailing their life history is completed for each resident within two weeks of admission, in consultation with family/whānau and residents.</p> <p>The activity programmes are formulated by the diversional therapist in consultation with the activities team and with the nursing team and caregivers. A programme is developed for each service level. Feedback is received from EPOAs and residents as part of the satisfaction survey</p>

		<p>and resident meetings. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care. Twenty-four-hour activity care plans were in place for residents admitted into the Jacaranda unit. The resident's activity needs are evaluated when there are changes in resident's ability and as part of the formal six-monthly interRAI assessments and care plan review.</p> <p>There is a monthly planner observed to be posted on noticeboards around the service. Monthly themes and special celebrations are included in the activities plan. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The activities programme included van outings, singsong/waiata, indoor golf, crosswords, pampering sessions/ 1:1, walking group, and karaoke. Van outings occur twice a week. Entertainers visit regularly and residents from the Jacaranda unit are escorted to participate in the activity, as observed during the audit. Residents were observed participating in a variety of activities on the audit days.</p> <p>In the Jacaranda unit, a seven day a week programme is implemented. Activity plans for residents in Jacaranda are tailored to meet the needs of the residents and include strategies for distraction and de-escalation. Activities are offered at times when residents are most physically active and/or restless. During the audit, the residents were seen to be enjoying balloon-tennis.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals, such as Matariki, Easter and ANZAC day.</p> <p>Family/whānau members and residents reported overall satisfaction with the level and variety of activities provided.</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>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in</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>medication management.</p> <p>A medication round was observed in each area and seen to be safe. Medicines are supplied by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys. There is a medication room in the rest home and hospital units. A medication trolley and medications for Jacaranda residents is kept in the rest home.</p> <p>There is a medication refrigerator in the hospital and rest home and temperatures are recorded daily. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general practitioner. Medications are reviewed three-monthly by the GP in collaboration with the registered nurses and resident and family/whānau.</p> <p>Twenty electronic medication charts were reviewed. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. There are no standing orders.</p> <p>There are residents who self-administer their medications, and they have a current medication competency in place, which is reviewed regularly. Their medicines were seen to be stored in a locked cabinet in their room. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes, and are informed of the indications and potential side effects.</p> <p>Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice, and treatment for Māori.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared and cooked on site in a well-appointed kitchen. The kitchen manager is a chef and is supported by a second chef and five kitchen hands. All have food safety qualifications which were sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires in December 2026. On the days of the audit, the kitchen was clean and well equipped, with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in the kitchen. The menu was last reviewed by a registered dietitian in October 2025.</p> <p>During the audit, the meal service was observed, and residents were seen to be enjoying their meals. Where needed, staff discreetly assisted residents. Residents were observed at mealtimes to be having enjoyable dining experiences. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Meals are served in the respective dining areas in the hospital/ rest home and Jacaranda unit. Meals are served from the kitchen to rest home residents, delivered to the hospital dining rooms in a hot-box, and to Jacaranda in a bain marie, where the caregivers plate the food. Meals can be delivered to residents’ rooms where requested, and were observed to be covered by an insulated plate lid. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and</p>
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		<p>residents interviewed indicated satisfaction with the food service.</p> <p>The chef reported the service prepares food that is culturally specific to different cultures. There are menu options available, which includes menu options which are culturally specific to te ao Māori, such as 'boil ups,' Māori bread, and other individual options if required.</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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or kaupapa Māori agencies, if indicated or requested. To coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, and the registered nurse completes a set of transfer documents.</p> <p>Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, including to hospice, speech language therapist, and wound specialist.</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</p>	PA Low	<p>The facility holds a Building Warrant of Fitness Report and Declaration (B-RaD) that expires July 2026. The B-RaD relates to required upgrades to the facility sprinkler system.</p> <p>There is a maintenance manager (interviewed) who is supported by two groundsman. Maintenance requests are made electronically by staff which are then triaged and actioned by the maintenance manager. These are closed out when repairs have been completed. Contractors can be contacted 24/7. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed August 2025), calibration of medication equipment (completed March 2025) and</p>

<p>belonging, independence, interaction, and function.</p>		<p>monthly testing of hot water temperatures. If hot water temperature recordings are out of expected range, a plumber is notified. Records reviewed demonstrated water temperatures were maintained within an acceptable range.</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. There are ample communal toilets and 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. There is a main lounge and dining area in the rest home, hospital and Jacaranda unit that have ample room for residents to mobilise and use equipment safely. Lounge 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 lounge areas. 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 and care 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>PA Low</p>	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>the procedures to be followed in the event of a fire or other emergency. The current fire scheme was approved in 2012. The facility is in the process of amending the fire scheme as the sprinkler system is being upgraded. A trial evacuation drill was performed last on 15 October 2025. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency include food, water, candles, torches, continence products, and a gas BBQ. There is a generator on site and this is serviced regularly. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance manager. Residents were familiar with emergency and security arrangements. All visitors and contractors sign in and out of the facility. There are CCTV cameras outside and in internal corridors.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out electronically.</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 antimicrobial stewardship (AMS) is an integral part of the service quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection and control and antimicrobial stewardship can be accessed through the Metlifecare support office, Health New Zealand and Public Health. Infection prevention and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection team, the general practitioner, and the public health team. There is a communication pathway for reporting infection prevention and antimicrobial stewardship issues to the Board. Any outbreak is reported</p>

		<p>immediately. The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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>An assistant care manager holds the portfolio of infection prevention and oversees and coordinates the implementation of the infection prevention programme and antimicrobial stewardship (AMS). This role, responsibilities and reporting requirements are defined in the infection prevention job description. They have access to shared clinical records and diagnostic results of residents. The village and care manager stated that the infection prevention programme is reviewed and reported on annually.</p> <p>The infection prevention coordinator has completed online education in infection prevention for clinical staff. The infection prevention programme has been approved by the executive management team and Board. The infection prevention programme is discussed at the registered nurse and staff meetings. Infection prevention data is included in the monthly quality reports, which are discussed at Board level. The infection prevention manual includes a comprehensive range of policies, standards, and guidelines. This 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 the organisational infection prevention team regularly to ensure compliance with standards and regulations. Policies are available to staff.</p> <p>The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention coordinators have access to support from the infection prevention specialist at Health New Zealand, the general and nurse practitioner and public health team. The infection prevention coordinator interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The infection prevention resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention policies and practices. The infection prevention audits monitor the effectiveness of</p>

		<p>education and infection prevention practices.</p> <p>The infection prevention coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. 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 available in te reo Māori. The infection prevention coordinator and staff are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. Review of documentation and staff interview evidenced that the provider adheres to policy and procedure for the appropriate management of decontamination of all reusable medical devices and shared equipment. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection prevention policies. Infection prevention is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. 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.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	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 and quality meetings and the general practitioner. Significant events are reported to the Board immediately. 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 is an integral part of the infection prevention programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection prevention coordinators and is included in the manager's monthly report to the Board.</p> <p>Infection prevention surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes. The infection prevention coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection prevention audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection.</p>

		<p>The service receives information from Health New Zealand services for any community concerns. The infection prevention coordinator described developing action plans where required for any infection rates of concern. There have been two Covid-19 outbreaks since the previous audit. The last Covid-19 outbreak was September 2025 when staff and residents were affected. The outbreak was well documented, with debrief meetings identifying what went well and areas of improvement for future outbreak management. The outbreak was 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>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available.</p> <p>Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on site by dedicated laundry staff 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 residents' 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 dedicated cleaners on seven days a week. Cleaning trolleys</p>

		<p>are always attended to and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention requirements. There were cleaning and laundry audits completed by the infection prevention coordinator that evidence compliance.</p> <p>The infection prevention coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p><b>Subsection 6.1: A process of restraint</b></p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint elimination. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents utilising restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme.</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	<p>A Building Warrant of Fitness Report and Declaration (B-RaD) is in place that expires July 2026. The B-RaD relates to upgrades to the sprinkler system. The village and care manager informed the facility is anticipating receiving confirmation that the sprinkler system will be commissioned on/by 11 December 2025. Documentation verifying same was sighted. Once commissioned, an amended fire scheme will be submitted for approval and training will be rolled out to staff. This will then meet the requirements of the B-RaD. The village and care manager informed discussions with the Council indicate the B-RaD will not be reviewed until it is due for review in July 2026.</p>	<p>The facility holds a B-RaD that expires July 2026 with corrective actions required to the sprinkler system.</p>	<p>Continue to progress corrective actions required to obtain a Building Warrant of Fitness.</p> <p>90 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New</p>	PA Low	<p>The current fire evacuation scheme was approved in 2012. The facility is in the process of upgrading the system and amended scheme is waiting on the final</p>	<p>The facility is awaiting approval of an amended fire</p>	<p>Ensure that an approved fire evacuation scheme</p>

Zealand- approved evacuation plan.		sprinkler system upgrade to be completed and signed off by Fire and Emergency New Zealand (FENZ.) Final commissioning of the sprinkler system is anticipated to be received 11 December 2025.	evacuation scheme following upgrade of the sprinkler system.	is in place.  180 days
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.