

Radius Residential Care Limited - Karori Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Karori Village

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

Dates of audit: Start date: 16 April 2026 End date: 17 April 2026

Proposed changes to current services (if any): This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora to review the prospective provider's level of preparedness to manage the service. The prospective provider aims to take ownership on the 26 May 2026.

Total beds occupied across all premises included in the audit on the first day of the audit: 84

Executive summary of the audit

Introduction

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

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

General overview of the audit

Karori Village is owned and operated by Metlifecare Retirement Villages Limited. The facility is in Wellington. The service provides hospital (medical and geriatric), rest home and dementia levels of care for up to 95 residents. On the day of the audit there were 84 residents.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora to review the prospective provider's level of preparedness. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff and the prospective purchaser (Radius Residential Care). The prospective purchaser, Radius Residential Care is a well-established aged residential care provider.

The nurse manager position at Karori Village remains vacant as a suitable applicant has not been identified despite active recruitment. To support clinical oversight in the meantime a second assistant care manager has been recruited. The assistant care

managers have extensive experience in aged residential care. The two assistant care managers are supported by the village manager, regional clinical manager, and a team of registered nurses and caregivers.

Feedback from family/whānau and residents were very positive about the care and the services provided.

This audit identified improvements around the building warrant of fitness, a first aid trained staff member on every shift.

Ō tātou motika | Our rights

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Karori Village is owned and operated by Metlifecare Retirement Villages Limited. The Care Home Quality Plan includes a mission statement and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The assistant care managers efficiently manage the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care.

Files reviewed demonstrated care meets the needs of residents and that these have been evaluated on a regular and timely basis. Residents were supported to maintain and develop their interests and participate in meaningful activities both in the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

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

Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

The facility meets the needs of residents and is inclusive of peoples' cultures and supports cultural practices. Electrical and biomedical equipment has been checked and assessed as required.

Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of residents. There are sufficient communal toilets and showers with appropriate signage. Resident rooms are personalised. Documented systems are in place for essential, emergency and security services.

Staff have planned and implemented strategies for emergency management. All resident rooms have call bells which are within easy reach of residents. Residents and family/whānau report timely response to call bells. Security checks are performed by staff. The dementia unit is secure with easy access to enclosed gardens.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been three outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. 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

The service is restraint free. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A suitably qualified restraint coordinator, who is a registered nurse, leads the process. Staff receive education in the management of challenging behaviour, de-escalation strategies and alternative interventions to restraint

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	1	1	0	0
Criteria	0	168	0	1	1	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. Metlifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with a local Māori community members from Te Kawerau ā Maki to share interests across the northern region. Cultural assessments are in place and are completed for residents who identify as Māori.</p> <p>The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Karori Village. The Karori Village quality plan and cultural responsiveness policy documents a commitment to a culturally diverse workforce. Linkages with local iwi are in place to provide cultural advice. At the time of the audit, there were staff members who identified as Māori. A staff member is the Māori advocate for the facility. Metlifecare is supporting Māori staff to succeed in the workplace, the Māori health plan documents workforce inclusion strategies. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. There were no residents who identified as Māori at the time of</p>

		<p>the audit.</p> <p>Interviews included 21 staff (two assistant care managers, eight caregivers including the Māori advocate and the Pacific advocate, four registered nurses, kitchen manager, two activities assistants and one diversional therapist, maintenance manager and two domestic aids [cleaner and laundry assistant]) and two managers (village manager and regional clinical manager) explained how they work collaboratively to embrace, support, and encourage a Māori worldview within the delivery of their services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health Plan describes the commitment to appropriate care for Pasifika residents of Karori Village. The Pacific Care Plan supports either Te Vaka Atafaga or the Fonafale model of care depending on the model most appropriate for the individual, at their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There are Metlifecare cultural champions that represent Pasifika staff and residents and ensure they have a voice.</p> <p>There were residents identifying as Pasifika at the time of the audit. Karori Village has a staff member who is a Pasifika advocate for the Village. The assistant care managers and Pasifika advocate confirmed that family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, and recognition of cultural needs.</p> <p>Karori Village partners with their Pasifika staff to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. The Code of Health and Disability Services Consumer Rights (the Code) is accessible in a range of languages.</p> <p>The assistant care managers described how Karori Village increases the capacity and capability of the Pacific workforce.</p>
Subsection 1.3: My rights during service delivery	FA	A welcome package is provided that contains details about the Health

<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>and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). 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, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Staff complete Code of Rights training at orientation.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held weekly, and these are well attended by residents. Staff have completed cultural training which includes Māori rights, implementation of Te Tiriti o Waitangi, Māori model of care and health equity. The service recognises Māori mana motuhake, which is reflected in the Karori Village quality plan 2026 and the Māori health plan. Regular cultural safety audits are completed as part of the annual internal audit schedule.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with five residents (three rest home and two hospital level) and six family/whānau (three Duncan Lodge (dementia unit), two hospital and one rest home) confirm that individual cultural beliefs and values are respected.</p> <p>The prospective purchaser has significant experience in aged residential care and is familiar with the Code and their responsibilities. This was evidenced through interview and reflective in the large number of policies that have been made available around resident rights and training incorporated in the annual training calendar.</p>
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<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 respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>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>FA</p>	<p>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice; they are treated with respect, and they participate in decision making. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with.</p> <p>The Metlifecare annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is resident directed, holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoken to in a courteous manner.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to privacy. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Care plans reviewed evidence the independence of residents is respected and is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans document resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the activity assessment, the 'Know Me' booklet and in the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys evidenced resident satisfaction in relation to upholding residents' spiritual and cultural needs.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori Cultural days are celebrated and the activities programme meets</p>
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		Tāngata whaikaha social needs and enable their participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Metlifecare Karori Village policies documents actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, the understanding of injustices/bias and the code of ethics. Metlifecare strategic direction, mission and values includes a commitment to abolish institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries and code of ethics are covered as part of orientation. A holistic strength-based model of care is implemented and is evident throughout all areas of the service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I</p>	FA	Information is provided to residents and family/whānau on admission related to the type of services provided. Resident (and family/whānau)

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

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files - including in Duncan Lodge - and where applicable. Where an EPOA has been activated an activation letter and incapacity assessment was on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a Metlifecare complaints and feedback policy. Information about the complaint's procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all formal complaints, feedback and concerns (both verbal and written) by using a complaint register.</p> <p>There was one formal complaint and six feedback and concerns recorded on the register across 2025, and one formal complaint in 2026 to date. The complaint register and documentation reviewed evidence complaints are managed in accordance with the guidelines and provide assurance that the facility is meeting accepted good practice and adhering to relevant standards. The village manager and assistant care managers have a good understanding of effective complaints resolution.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff/ quality and registered nurse meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional clinical manager and head of clinical. There were no complaints received from external agencies.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of</p>

		<p>avenues they can choose from to make a complaint or express a concern including but not limited to resident meetings, one on one with management or through the website. During interviews with family/whānau, they confirmed the village manager, and assistant care managers are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process, when required. The complaints management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The village manager, and assistant care managers acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Karori Village is owned by the Metlifecare Retirement Villages Limited group. The facility is certified to provide hospital (medical and geriatric), rest home and dementia level of care for up to 95 residents in the care facility.</p> <p>The 95 beds are made up of 71 dual purpose hospital and rest home (including six double rooms available to couples) and 24 beds in Duncan Lodge (dementia unit). At the time of audit there was one married couple in a double room. The remaining double rooms were occupied by individual residents. At the time of the audit there were 84 residents in the facility: 29 hospital and 32 rest home (including two on a long-term support contract) level residents, and 23 residents (including two receiving respite) in the dementia unit. All other residents were on the age-related resident agreement (ARRC).</p> <p>Metlifecare strategic direction describe the vision, values, and objectives of Metlifecare aged care facilities. The overarching Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The Karori Village quality plan for 2026 is reviewed quarterly as evidenced in the monthly reporting. The plan describes specific and measurable goals. These site-specific goals relate to clinical and quality of service delivery and include improving outcomes for Māori,</p>

	<p>equity monitoring and clinical indicator targets.</p> <p>The regional clinical manager confirmed the governance structure. The governance board consists of five directors and the chairperson, each with their own expertise. A Māori plan is actioned at board level. There is an external organisation that provides cultural advice to the board on any issues requiring cultural oversight and direction. The board meets quarterly; however, receive monthly reports from the senior executive team (chief financial officer, general manager operations, general manager clinical and risk, general manager sales and marketing, general manager people, general manager property and chief information officer).</p> <p>The terms of reference for the Metlifecare governance body is documented. The board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the strategic plan.</p> <p>The Metlifecare executive team is responsible for the operational responsibility. The weekly and monthly reporting structure informs the board of operational matters across the organisation. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Karori 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 improved health outcomes for Māori and tāngata whaikaha. There are structured opportunities (six monthly surveys, bimonthly 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 (oversees clinical projects), and an infection</p>
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	<p>prevention and antimicrobial specialist who support the Metlifecare facilities. Clinical governance is overseen by the organisation’s clinical governance group (CGG) and clinical subcommittee which include resident advocates and cultural advisors. The CGG oversees the development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The general manager of clinical and risk (a geriatrician physician) and head of clinical oversee the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement activities and reports to the board.</p> <p>The nurse manager position at Karori Village is currently vacant with recruitment is underway. An assistant care manager (registered nurse) has been appointed on a fixed term contract to support the current assistant care manager (registered nurse) until the nurse manager position is filled. Both assistant care managers are full time and cover a seven-day period. They both have considerable experience in aged care. The assistant care managers are supported by a village manager (non-clinical) who provides operational support and a regional clinical manager who provides clinical support and oversees six Metlifecare care centres. The village manager has been employed in their role for 18 months. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager.</p> <p>Radius Residential Care – the prospective purchaser – have been operating for 22 years, and own 24 aged residential care facilities across New Zealand providing rest home, hospital, dementia, psychogeriatric, younger persons with a disability, and palliative care. Radius Residential Care has an established board of directors, senior leadership team and operations team to support the facility. Radius Residential Care has developed a three-month transition plan that includes communication with staff, residents and family/whānau members, and embedding Radius quality processes such as policies, processes and documentation. The transition plan includes a change to the Radius electronic patient management system. Radius Residential Care has notified the relevant funder of the proposed purchase. There are no proposed changes to the Radius Residential Care quality management system, with continuity be maintained as outlined in the transition plan. The proposed date of sale is 26 May</p>
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		2026. The same national supplier contracts will be continued to be implemented.
<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>The use of the electronic resident management system, electronic medication system and policies and procedures are fully embedded and implemented. Karori Village is implementing their documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, wounds and pressure injuries, behaviour of concerns, complaints, restraints).</p> <p>A range of meetings (e.g., staff / quality meeting, registered nurse meeting, health and safety meeting, infection control meeting, and head of department meeting provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Clinical effectiveness and the provision of a safe environment is regularly reviewed through the completion of internal audits.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions recorded where indicated. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori; this is evident through the annual cultural safety audit completed. Tāngata whaikaha, have meaningful representation through the monthly resident meetings and six-monthly multidisciplinary meetings.</p> <p>A six-monthly resident and family/whānau survey is conducted by an independent external company. The results for the period July 2025 to December 2025 evidence an overall satisfaction rate of 81.6%. The residents, family/whānau and staff received the results as evidenced in meeting minutes. There were areas for corrective action including care</p>

	<p>experience (34.5%), family involvement in care planning (78.9%) and meal service (55%). Corrective action plans have been put in place during December 2025 (sighted) which the facility continue to implement. Interviews with resident and family/whānau stated the services they receive are of good standard. Quality initiatives are documented and reviewed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the clinical quality specialist and clinical governance group. New policies or changes to policy are communicated and discussed with staff and available on the intranet.</p> <p>A health and safety system and health and safety manual in place. There is a health and safety committee and monthly health and safety meetings led by the village manager and supported by the Metlifecare health and safety business partner. The hazard and risk register is reviewed at regular intervals at the health and safety meeting (monthly). Staff incidents, hazards and other health and safety issues are discussed at various meetings, collated at facility level, reported to the health and safety business partner. A consolidated report of the analysis of data across the facilities are provided to the general manager clinical and risk that reports to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other aged care organisations. Ethnicity data is linked to benchmarking data to provide for health equity through critical analysis of organisational practices. The electronic resident management system escalates alerts to Metlifecare senior team members depending on the risk level. Results are discussed in meetings and at handover. A sample of incident/accident reports and six-monthly incident reporting internal audit results were reviewed and evidenced appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the assistant</p>
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		<p>care managers in consultation with registered nurses and caregivers.</p> <p>Discussions with the assistant care managers and regional clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. The required notifications were made to HealthCERT appropriately. Notifications have been made to the Health Quality and Safety Commission as required including two falls with fracture across 2026, and ten across 2025. There have been three outbreaks reported to public health since the last audit.</p> <p>Radius Residential Care has a documented quality and risk management programme that they plan to implement at Karori Village. It is anticipated that the implementation of the Radius quality and risk system will have minimal impact on Karori Village. The policies and procedures to be implemented align with 2021 Ngā Paerewa Services Standard and will be transitioned across the three months following purchase. Clinical governance is overseen by the Radius' national quality manager and the risk and compliance manager. There are no legislative compliance issues that could affect the service anticipated.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering, staffing and rationale. The roster provides sufficient and appropriate cover for the effective delivery of clinically safe care and support to residents. There is 24/7 registered nurse cover with at least two registered nurses on both the morning and afternoon shifts and one registered nurse during the night shift. The registered nurses are supported by enough caregivers on each shift to meet the resident needs. There is one registered nurse vacancy (Duncan Lodge). An assistant care manager has considerable experience in dementia (and psychogeriatric) care and provides clinical support to Duncan Lodge.</p> <p>Caregivers reported staffing is adequate and the workload is manageable. There are enough staff allocated to cover the care facility. There is a Metlifecare internal casual staff pool (Metflex) to assist with roster cover. Karori Village also has also employed a caregiver as cover pool who has confirmed hours and works across the facility. The rosters reviewed were covered and backfilled when staff were absent</p>

	<p>on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The call bell reports reviewed confirm Karori Village monitors response times. Meeting minutes evidence staff and residents are informed when staffing levels change.</p> <p>The assistant care managers work full-time, cover seven days per week and provide cover if one is on leave. The assistant care managers are on call for clinical support. The village manager is on call for operational issues.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists mandatory training topics which includes cultural training and is done as part of the curriculum in 'Peak Academy' online platform. External training opportunities for care staff include training through Health New Zealand the hospice, face to face training in house and webinars. A 100% attendance rate for mandatory training topics has been recorded for the 2025 calendar year. The facility is tracking at an estimated 44% completion of mandatory training across 2026.</p> <p>There is a Metlifecare learning and development team (including a Careerforce assessor) who support staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents at Karori Village. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-eight caregivers are employed, and 39 hold a national certificate in health and wellbeing level three or above. There is a comprehensive library with resources on the intranet. Metlifecare supports all employees to transition through the NZQA certificate in health and wellbeing.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are</p>
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		<p>required to complete competency assessments as part of their orientation. Additional registered nurse specific competencies include syringe driver, wound competency and interRAI assessment competency. All registered nurses have attended in-service training which included a range of clinical topics specific to the current residents, medication optimisation, palliative care, diabetic management and dementia care. There are eight registered nurses, and all have interRAI competency. The assistant care managers are also interRAI competent.</p> <p>All caregivers are required to complete competencies at orientation. Annual competencies include restraint, moving and handling, hand hygiene, second checker for medication or medication administration competency and correct use of personal protective equipment. A selection of caregivers' complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system. There are nineteen caregivers that work in Duncan Lodge (dementia unit), of these ten caregivers have completed the required dementia standards, one caregiver is awaiting final signoff and seven are in the process of completing the required dementia standards, one caregiver is yet to enrol in the programme.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</p> <p>Radius Residential Care will assume overall management responsibilities. During interview Radius Residential Care informed there are no planned changes to staffing. All existing Karori Village staff contracted terms will roll over.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff</p>

<p>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>recruitment processes are managed by the Metlifecare recruitment team on an electronic human resources system (Meteor). Nine staff files reviewed (an assistant care manager, a registered nurse, five caregivers, diversional therapist, kitchen manager) evidenced implementation of the recruitment process, employment contracts, police vetting checks and evidence of a completed 12-week orientation workbook. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All peak performance objectives are set at the beginning of the financial year, and performance is measured against the objectives and completed at the end of each financial year. All staff files reviewed had a completed peak performance (appraisal) objective evaluation completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented. The staff return to work programme following injuries are managed by an external company.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively 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>As service provider: We ensure the collection, storage, and use of</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Metlifecare disaster management plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrate</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>service integration. Records are uniquely identifiable, legible and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</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>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home, hospital or dementia level care. A specialist's authorisation for residents requiring dementia level was sighted in three files reviewed. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria or if there was no bed available. In this case, they are informed and referred to the NASC team. In the event there is a delay in entry to services, the prospective residents are kept informed.</p> <p>The provider collects ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. The provider has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. A sample of ten resident files was undertaken; three rest home level; four hospital level (including one LTS-CHC) and three dementia level residents (including one resident receiving respite care). An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. Within three weeks of admission, an interRAI assessment is completed and a long-term care plan (LTCP) is developed with input from residents, family/whānau, caregivers, registered nurses, and activities staff. The long-term care plans are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and aspirations, and interventions to address medical conditions. The respite residents have a full suite of assessments completed which informs the short-term care plan (STCP).</p> <p>The assistant care manager explained residents who identified as Māori have a Māori health care plan developed which describes the support required to meet their needs. The assistant care manager described how the service ensures all barriers are removed so all residents have access to information and services required to promote independence. Staff work alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences.</p> <p>Residents in Duncan Lodge (dementia unit) have behaviour assessments and behaviour plans completed. The 24/7 activity/behaviour plans were comprehensive and identified associated risks and support needed for the resident including strategies for managing behaviours that challenge. The plan includes early warning signs and provides guidance for care staff to support the resident and prevent escalation in behaviour.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, general practitioner, podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are</p>
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		<p>identified and strategies to calm and manage behaviour are documented and made known to all staff. The general practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner on a three-monthly routine basis or more frequently if their condition changes. A general practitioner was interviewed as part of this audit. They were complimentary regarding the clinical leadership and standard of care. The assistant care managers provide afterhours clinical support on a rostered basis. A physiotherapist is contracted and conducts a weekly clinic.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was witnessed and found to be comprehensive in nature. Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include weight, behaviour monitoring, and food and fluid management. Neurological observations were consistently completed in three incident/accident event forms sighted for unwitnessed falls or where head strike was suspected.</p> <p>There were three stage one pressure injuries on the day of audit. The electronic records demonstrated regular dressing change, monitoring, and evaluation. Referral to other health services occurs when required. Review of resident care occurs six-monthly. This includes input from the assistant care managers, registered nurses and caregivers, residents and family/whānau, and members of the activities team. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, as examples, a short-term care plan is developed and implemented.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity team consists of two activity coordinators (who provide an activity programme for hospital and rest home residents) and a diversional therapist who delivers the activity programme for residents in Duncan Lodge (dementia unit). The programme is delivered seven days per week. The calendar is planned monthly and is designed to specifically develop and enhance residents' strengths, skills and interests. The calendar includes chair exercises, pet therapy, van outings and themed events such as Waitangi Day, ANZAC day, and the Kings Birthday. The activity calendar is available throughout the facility on noticeboards within the communal areas.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/ whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the LTCP is completed within three weeks of admission and reviewed at least six-monthly at the same time as the LTCP is reviewed. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections.</p> <p>The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, book/newspaper reading, walks, and craft activities are offered.</p> <p>Activities take place in the communal lounges in each area where residents and family/whānau can access newspapers, games, puzzles, and specific resources. Residents are encouraged to join in activities that are appropriate and meaningful. There are weekly van drives for residents, outings, and entertainers visiting the residents. Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. The individualised plans include strategies for distraction and de-escalation to guide staff over a 24-hour period. The activities include reminiscing and sensory needs. Large numbers of residents across all areas were</p>
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		<p>observed engaging in the activities of the day.</p> <p>There are regular family/ whānau and resident meetings. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews, and the activity team confirmed they encourage ad hoc feedback from residents. The diversional therapist encourages feedback from the family/whānau regarding the content of the programme in Duncan Lodge. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration.</p> <p>The provider uses plastic rolls for medication for regular use and 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the three medication rooms. Medication trolleys are locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation have been completed as per required timeframes.</p> <p>A review of 20 electronic medication charts was completed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly, and each chart has a</p>

		<p>photo identification and allergy status identified. There was one resident self-administering their medication on the days of audit. Review of documentation, observation and discussion with the assistant care manager evidenced that policy and procedure had been adhered to. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring December 2026. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The five-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is supported by part time chefs and kitchen hands. All kitchen staff have completed safe food handling. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented. The kitchen staff confirmed their understanding of tikanga in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is familiar with dietary preferences for Māori residents.</p>

		<p>The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on completed records.</p> <p>Meals are served directly to residents in the main dining room and transported in scan boxes to all the smaller dining rooms and resident bedrooms. Residents were observed to be enjoying the social aspect of the midday meal. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. Additionally, the kitchen manager delivers meals directly to residents in the dining room and seeks feedback from residents post each midday meal.</p> <p>The prospective purchaser confirmed they will introduce a new menu as part of the transition process.</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 higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/ whānau is informed. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the Health New Zealand wound clinic and dietitian. The assistant care manager explained a referral is sent with</p>

		<p>accompanying monitoring record and photos as indicated. Residents attending external appointments are encouraged to be accompanied by their family/whānau, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the resident's file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The facility has a building warrant of fitness report and declaration (BRaD) in place at time of audit. There is a maintenance person who works full time. The maintenance person completes day to day repairs and planned maintenance. Essential contractors are brought in when required and support the facility 24/7. Maintenance issues are logged electronically, and the maintenance person monitors this, and priorities repairs required. Completed repairs are closed off. There is an annual maintenance plan that includes electrical testing and tagging which has occurred as scheduled. Resident equipment checks, and monthly testing of hot water temperatures occur as per policy. Records reviewed evidenced acceptable hot water temperatures. Calibration of medical equipment has occurred as planned.</p> <p>There is outdoor furniture and shade available. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs.</p> <p>The facility has 95 beds, and 89 bedrooms. There are 24 dementia and 71 dual purpose beds. There is a mixture of bathrooms and toilets throughout the facility. This includes ensuites, shared bathrooms and staff/visitor toilets. Duncan Lodge (dementia unit) is secure. The bedrooms that are double-sized are only to be occupied by a couple and only when the choice is theirs. Each unit has a dining area and separate communal lounge areas. The corridors, communal areas and bedrooms are carpeted. Bathrooms, kitchenette, and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. Residents and family/whānau are encouraged to</p>

		<p>personalise resident rooms, as viewed at the time of the audit. Heating consists of wall heaters and heat pumps. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All residents interviewed were satisfied with the temperature in the facility. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light.</p> <p>Furniture is arranged around to create a homely and welcoming environment. All bedrooms in the dementia unit have an ensuite. Communal toilets and showers have a system that indicates if they are vacant or occupied. Fittings, fixtures, and flooring is appropriate. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids.</p> <p>Group activities occur in the main lounge areas and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities. The facility has a resident van with current registration and warrant of fitness. The van can accommodate a wheelchair. Duncan Lodge (dementia unit) has a large open plan lounge dining room with a kitchen which overlooks the communal area. The secure garden areas are freely accessible to residents.</p> <p>It was reported there is no planned development for the building, however, should this change the need to consult and co-design the environment, to ensure that they reflect the aspirations and identity of Māori is well known.</p> <p>The prospective buyers have no immediate plans to change the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p>	<p>PA Moderate</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. This was renewed in January 2025. Fire evacuation drills are held six-monthly and were last completed in April</p>

<p>event.</p>		<p>2026.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. Emergency lighting provides sufficient lighting immediately in the event of a power outage. The provider has a large generator on site that ensures the provision of services is not disrupted. The use of the generator ensures the kitchen can continue to provide a basic menu. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. Water supplies are available throughout the facility with most containers holding up to 900 Litres. This ensures sufficient water supplies to sustain the residents and staff with three litres per day, for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. The numbers of staff with a current first aid certificate require improvement. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. In April, there were several sensor mats in Duncan Lodge that were activating a call bell without a resident having walked on the mat. The fault was logged (16 April) and attended to by the call bell system provider who had addressed the issue at the time of audit. The call bell system in Duncan Lodge was always operational during this period.</p> <p>The facility is secured at night, with close circuit television cameras providing additional security. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</p> <p>A review of staff first aid training records, the current and previous staff rosters and discussion with staff evidenced that the numbers of staff on duty with a current first aid certificate requires improvement.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Karori Village's quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p> <p>Expertise in infection control and AMS can be accessed through Metlifecare's support office, Public Health and Health New Zealand. Clinical indicators, including infection rates, are thoroughly assessed at the clinical management team (CMT) meetings, attended by assistant care managers and senior nurses. These meetings are chaired by the head of clinical and the outcomes are reported at each clinical governance group (CGG) meeting.</p> <p>The data is also benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. Any significant events are managed using a collaborative approach and involve the infection prevention and control resource nurse (infection control coordinator), the senior management team, the GP, and the public health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control resource nurse (IPC coordinator registered nurse) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPC coordinator has completed online training through Metlifecare. The</p>

	<p>service has access to national infection prevention expertise through Metlifecare support office (clinical quality specialist). The Infection Prevention and Control Plan for 2025-2026 links to the quality plan. The Infection Control and Prevention Plan has documented objectives and are reviewed quarterly on the progress. The infection control committee meets quarterly; however, all collation of data is reported monthly. Infection rates are presented and discussed at clinical, quality and staff meetings. This information is also displayed on staff noticeboards.</p> <p>The IPC coordinator (assistant care manager) and the regional clinical manager confirmed the implementation of the pandemic plan is developed to be swiftly implemented at the times when outbreaks occurred. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention and control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The IPC 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. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. There are protocols in place to work in partnership with any future Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection</p>
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		<p>prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p> <p>The prospective purchaser will implement Radius infection control and AMS programme. There are no plans to extend or alter the building.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial stewardship policy and 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 registered nurse, and staff / quality meetings. Significant events are reported to the clinical quality specialist. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary report. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at facility meetings. The service is incorporating ethnicity data into surveillance methods and data captured is easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates</p>

		<p>of concern, documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from the local Health New Zealand for any community concerns. The nurse manager confirmed any outbreaks are notified appropriately and advice for all outbreaks are sought from public health and Health New Zealand IPC team. There has been three outbreaks (one COVID and two respiratory) outbreak since the last audit.</p> <p>Radius surveillance programme will be implemented as per transition plan.</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 is a sluice room with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Sheets are laundered offsite, and all remaining laundry is laundered on site. Dedicated domestic aids (laundry assistants) cover the laundry seven days a week. Clean laundry is delivered in covered linen trolleys. There is a clear clean and dirty flow within the well-ventilated laundry area. Linen is 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. Cleaning and laundry services are monitored through the internal auditing system,</p>

		<p>overseen by the IPC coordinator. The washing machine and dryers are checked and serviced regularly. There are domestic aids (cleaners) on seven days a week.</p> <p>The IPC coordinator stated they provide support to maintain a safe environment during any construction, renovation and maintenance activities.</p> <p>The prospective purchaser confirmed the laundry processes will continue unchanged.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Karori Village is restraint-free. Restraint has not been used in the facility long term. The restraint coordinator (assistant care manager) described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment. At the time of the audit there were no residents using any form of restraint.</p> <p>There are policy and procedures for restraint elimination and safe practice that specify the organisation is committed to providing a restraint-free environment. This is supported by the governing body. There is a job description in place that outlines the role of the restraint coordinator. Staff have been educated in the least restrictive practice, safe restraint practice, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff. Restraint use is identified as part of the quality programme and reported at all levels of the organisation. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process. A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>The prospective purchaser confirmed governance commitment to</p>

		eliminate restraint and maintain a restraint free environment. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint elimination and safe practice.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The facility and grounds were noted to be maintained to a high standard. However, review of documentation supplied from the national property manager plus discussion with the village manager and maintenance person evidenced the building warrant of fitness (BWof) was unable to be supplied.	The facility has a Building Warrant of Fitness Report and Declaration (B-RaD) in place in lieu of a (BWof). Evidence submitted to the auditor confirmed the areas of non-compliance are on track to be remedied by July 2026.	<p>Ensure the facility has a current BWof.</p> <p>90 days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with</p>	PA Moderate	The training/education programme in place for all staff is comprehensive to meet the needs of the resident cohort and all aspects of service delivery. However, review of staff first aid training records, the current and previous staff rosters and discussion with staff evidenced that the numbers of staff on duty with a current first aid certificate	Over a one-week period two afternoon shifts, and four-night shifts did not have any staff on duty who had a current first aid certificate.	Ensure each shift has a staff member on duty with a current first aid certificate.

the provision of the service.		requires improvement.		60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.