

Metlifecare Retirement Villages Limited - Gulf Rise

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Gulf Rise
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: 14 April 2026 End date: 15 April 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	34

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Metlifecare Gulf Rise is owned and operated by Metlifecare Retirement Villages Limited. The facility is part of a well-established village in Auckland. The service provides hospital (medical and geriatric), rest home level, and dementia levels of care for up to 36 residents. On the day of the audit there were 34 residents.

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

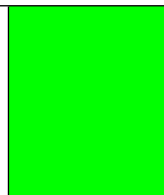
The service is managed by an appropriately qualified clinical manager who is supported a regional clinical manager, village and care manager, and a team of experienced registered nurses and caregivers. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to staffing, training, and civil defence supplies have been met.

This audit identified no areas for improvement.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

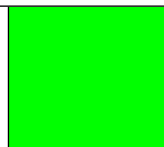
There is a Māori health plan in place with te Tiriti o Waitangi being embedded across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the quality plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Metlifecare Gulf Rise demonstrates their knowledge and understanding of resident's rights and ensures that residents are informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

Metlifecare Gulf Rise is operated by Metlifecare Retirement Villages Limited. The business and quality plan includes a mission statement and operational and clinical objectives. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

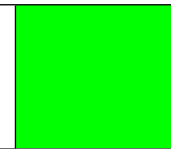
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

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

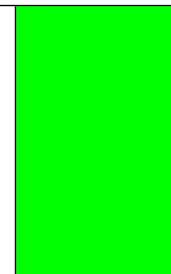


Subsections applicable to this service fully attained.

The building is purpose built and there is a 52-week preventative maintenance schedule. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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



Subsections applicable to this service fully attained.

The infection control programme has been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan. Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been no outbreaks reported to Public Health since the last audit.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The facility had no residents using restraints at the time of audit. There is governance commitment to maintain a restraint-free environment. Elimination of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	19	0	0	0	0	0
Criteria	0	51	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a Māori health plan and policy that describes Māori perspectives of health and a commitment to te Tiriti o Waitangi. Metlifecare Gulf Rise utilise these documents as part of their strategy to embed and enact te Tiriti o Waitangi in all aspects of service delivery. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. At the time of the audit the service had no residents who identified as Māori. There are staff who identify as Māori working at Metlifecare Gulf Rise.</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>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. At the time of the audit there were no staff who identified as Paskifka. There were no residents who identified as Pasifika. Nine staff interviewed (three caregivers, one registered nurse, a diversional therapist, the food services manager, a domestic aide, the maintenance manager and the assistant village manager), and three managers (village and care manager, clinical manager and the national head of clinical) could confirm they had received training related to cultural safety, which</p>

		informed them about Pacific peoples, their worldviews, cultural and spiritual beliefs and were equipped with knowledge on how to support residents who identify as Pasifika, should they be admitted.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The clinical manager and village and care manager when interviewed demonstrated how the Code is also provided within welcome packs to ensure residents and family/whānau are fully informed of their rights. Interviews with one family/whānau (dementia unit) and four residents (two rest home and two hospital level of care), confirmed they are informed of their rights and their choices are respected.
<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	Metlifecare Gulf Rise policies aim to prevent discrimination and acknowledge the impact of institutional racism on Māori wellbeing. There are established policies and protocols in place to ensure residents/whānau are protected from abuse and neglect, discrimination, coercion, or harassment. There are processes in place in respect of resident's property, including an established process to manage and protect resident finances. Staff sign a code of conduct upon commencing employment. Staff interviewed demonstrated an understanding of what Te Tiriti o Waitangi means to their practice and an understanding of professional boundaries.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	Resident files reviewed included completed general consent forms, consents for vaccinations, and release of photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation for residents in Memory Support (dementia unit) are on file in those files reviewed.

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. 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>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaints forms are located at the entrance to the facility, or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is maintained electronically, which includes complaints (and feedback and concerns) received, dates, and actions taken. Since August 2024, there have been 27 concerns and formal complaints made and at the time of audit three are currently being investigated. Documentation including follow-up letters and resolution demonstrates complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Corrective actions resulting from complaints are observed to have been implemented. There have been no complaints received from the Health and Disability Commissioner or other external agencies since the previous audit.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The clinical manager and village and care manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	FA	<p>Metlifecare Gulf Rise provides care for up to 36 residents assessed as requiring rest home, dementia, or hospital level of care. This includes 23 dual-purpose hospital and rest home rooms and 13 rooms in Memory</p>

<p>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>Support (dementia unit). At the time of audit there were 34 residents including 15 rest home and seven hospital level residents and 12 residents in the dementia unit. All residents are on the aged-related residential agreement. All rooms are single occupancy.</p> <p>Metlifecare is governed by a board of directors and an executive team. Each member brings their own strengths and undergoes comprehensive orientation upon joining. Metlifecare provides ongoing training as needed to ensure all individuals remain equipped with relevant skills and knowledge. Metlifecare has established a clinical subcommittee of the board that is dedicated to reviewing clinical risks, outcomes, and continuous improvement initiatives. This committee's efforts are focused on enhancing the quality of care and overall wellbeing of the residents. The board meets quarterly; however, receive monthly reports from the executive team. The executive team is responsible for the operations.</p> <p>The executive team work closely with the management teams. The chief clinical and risk officer (a Geriatrician Physician) is a member of the executive team. This position has the head of clinical (an experienced registered nurse) reporting to them. The head of clinical leads a team of regional clinical managers. These managers are all experienced registered nurses and support the facility clinical managers to ensure adherence to relevant standards and legislative requirements. Working alongside this team is a clinical quality specialist and a clinical support coordinator ensuring Metlifecare have robust and current policies and procedures and, clinical quality oversight reported through at a national level.</p> <p>Metlifecare strategic and business and quality plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation. Monitoring and review of performance occurs at planned intervals. The overarching Metlifecare strategic direction has clear goals to support their philosophy of empowering residents through a resident directed care model. Organisational goals aim for integrated service delivery, and mana motuhake values to be embedded into levels of practice for all residents. The Metlifecare Gulf Rise business and quality plan for 2025-2026 includes specific and measurable goals and these are reviewed quarterly.</p> <p>The clinical governance group (governing body) assumes accountability for delivering a high-quality service. This group is responsible for</p>
---	---

		<p>overseeing clinical policies, ensuring compliance with health regulations, and fostering a culture of continuous improvements. One such improvement is around improving equity for Māori. Robust ethnicity data has now been embedded into the patient management system in line with the Health Quality Safety Commission and Ministry of Health standards. This enables Metlifecare to report on events for Māori and Pasifika residents to start tracking trends over time. Metlifecare participates in voluntary benchmarking with a group of 14 providers. This national programme benchmarks against key clinical quality indicators. This helps to guide appropriate clinical quality targets per 1000 occupied bed days and provides an open forum for discussion to optimise quality and risk management. Metlifecare has appointed a Māori representative and a lived experience representative onto the clinical governance group.</p> <p>The overall management at Metlifecare Gulf Rise is provided by a clinical manager (registered nurse) and a village and care manager. The clinical manager commenced in January 2026 and has 14 years' experience in the aged residential care sector. The village and care manager is a registered nurse and commenced in their current role January 2026. The village and clinical manager has eight years with Metlifecare in various roles. The management team is supported by a team of registered nurses and caregivers.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Metlifecare Gulf Rise is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff/quality meetings, and monthly registered nurse meetings provide an avenue for discussions in relation to (but not limited to) goals; quality data; health and safety; infection control; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, and corrective actions are discussed and signed off when completed.</p> <p>The resident and family/whānau satisfaction survey was completed in 2025 and identified some opportunities for improvement including food quality and activities. Corrective actions continue to be implemented (sighted) and include serving food on hot plates, talking to families/whānau, and attending resident family/whānau meetings, and</p>

		<p>strengthening the activities programme to make it more meaningful for the residents. Results and updates are communicated to residents and family/whānau at the resident meetings.</p> <p>There is a health and safety meeting led by the assistant village manager. The hazard and risk register is reviewed at regular intervals at the health and safety meeting. Staff incidents, hazards and other health and safety issues are discussed at various meetings, collated at facility level, and reported to the head of health and safety. A consolidated report of the analysis of data across the facilities is 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. Ethnicity data is linked to benchmarking data. 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 were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the clinical manager in consultation with registered nurses and caregivers.</p> <p>Discussions with the clinical manager and village and care manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been four Severity Assessment Code (SAC) notifications to Health Quality and Safety Commission (HQSC) reported since the last audit. These related to falls with fracture. There have been 14 section 31's reported across 2025 to date including notification of the clinical manager and village and care manager appointments. There have been no outbreaks that required reporting to Public Health since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The clinical manager and village and care manager work five days a week. On-call</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>support for clinical concerns is managed by the clinical manager. The contracted general practitioner is also available on call. The village and care manager is available for operational issues. Any absences and sick leave are covered through extending working hours by mutual agreement with employees, or use of agency staff. The number of caregivers on each shift is sufficient for the resident acuity and to provide safe and timely care on all shifts. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory training, which includes cultural awareness training. Metlifecare Gulf Rise supports employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 19 caregivers employed, and all are rostered to work in Memory Support (dementia). Fourteen caregivers have completed the required dementia standards and the remaining five have been enrolled.</p> <p>All staff are required to complete competency assessments and quizzes as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, wound management, and medication administration. Five of seven registered nurses and the clinical manager are interRAI trained. All registered nurses are encouraged to attend in-service training, and complete additional training. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, and hand hygiene. These have been completed. A record of completion is maintained electronically.</p> <p>Rosters reviewed demonstrated there are two registered nurses rostered morning shift and afternoon shift and one registered nurse overnight. Any short notice absences were seen to have been covered. There is limited use of agency staff. In Memory Support there is always a member of staff who had completed, or is enrolled in, the required NZQA education programme. The previous corrective action relating to insufficient employed registered nurses and caregivers, and staff in Memory Support having either completed or enrolled in the required education programme has been met.</p>
--	--	---

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files reviewed (one caregiver, two registered nurses, a diversional therapist, and the clinical manager) included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>All staff who have been employed for a year or more, have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: one hospital resident, two rest home residents and two residents in Memory support (dementia unit). The registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Initial care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments. All residents had an interRAI assessment, in addition to a full suite of assessments contained in the electronic resident management system.</p> <p>Initial assessments and care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Residents in Memory Support have 24-hour activity</p>

	<p>plans in place.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by a GP within required timeframes and when their health status changes. There is a contracted GP who visits individual residents for three monthly reviews and as required. After hours advice is provided by the contracted GP service. Medical documentation and records reviewed were current. The GP was unavailable to be interviewed during the audit. A physiotherapist visits the facility four hours weekly and on request to review residents referred by the registered nurses. A podiatrist visits regularly and medical specialists are available as required through Health New Zealand. Metlifecare employs a dietician who is available as required. Palliative care support is available through local hospice and wound nurse specialists are available through the district nursing service.</p> <p>An adequate supply of wound care products was available at the facility as sighted. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were six residents with seven</p>
--	--

		<p>active wounds, including skin tears, lesions, and surgical sites. There were no pressure injuries at the facility.</p> <p>The progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include, (but are not limited to), monthly blood pressure and weight monitoring, bowel records, and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service uses robotic packaging for regular medications and blister packs for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facilities three medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly and controlled medications have a six-monthly pharmacy check. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed demonstrating the GP had reviewed all resident medication charts three-monthly, each medication chart has a current photograph and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the</p>

		<p>progress notes. There was one resident self-administering eye drops. The resident has three-monthly competencies completed as per policy and safe storage in their rooms. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The food services manager interviewed reported they accommodate residents' requests. Metlifecare has a specific Māori and Pasifika inspired menu option. There is a verified food control plan expiring 4 March 2027. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Metlifecare Gulf Rise and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. Residents are encouraged to bring their own possessions including those with cultural or spiritual significance into the home and can personalise their room.</p> <p>Metlifecare Gulf Rise has a Code of Compliance Certificate issued 8 June 2025 verifying that all requirements of a building warrant of fitness are met. (The service is in the process of building work that does not affect the care centre but is part of the building, hence the continued code of compliance). There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Reactive maintenance is documented electronically providing oversight by local maintenance staff and head office.</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 event.</p>	<p>FA</p>	<p>The facility has employed seven registered nurses, clinical manager and 19 caregivers to cover the roster. There are sufficient staff employed that use of agency staff is low. A review of the roster, and staff files demonstrated there is at least one first aid trained staff member on duty. In addition, the clinical manager records which staff are first aid trained on the roster as a quick reference. The DT holds a current first aid certification. The previous corrective action is now met.</p> <p>Disaster and civil defence plans and policies are in place. There are, sufficient cooking facilities including three BBQs and spare gas and supplies (sighted) to safely manage the care of the resident population in the event of a civil defence emergency. There are water supplies (sighted) that meet the National Emergency Management Agency recommendations for the region. The previous corrective action is now met. Other resources (e.g., food, disposable cutlery and crockery, and utility resources such as torches) are available, should the main supplies fail. Staff have been trained and knew what to do in an emergency.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice and are being implemented. The infection prevention and control (IPC) programme links to the overarching quality programme. The IPC programme is reviewed, evaluated, and reported on annually. The IPC coordinator (a registered nurse), leads, oversees, and coordinates the implementation of the infection control programme at Metlifecare Gulf Rise. IPC coordinator's role, responsibilities, and reporting requirements are defined in the IPC coordinator's job description. The IPC coordinator has completed external education on infection prevention and control and has access to diagnostic results of residents. The IPC coordinator was able to describe the processes in place.</p> <p>There is an outbreak response plan available for all staff. There is infection prevention and control staff education is provided at orientation and ongoing that includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and personal protective equipment (PPE). Competencies related to IPC such as hand hygiene are maintained and completed annually. Education with residents was on an individual basis and included reminders about handwashing and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</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>	<p>FA</p>	<p>Infection surveillance is part of the IPC programme. Standardised definition of infections and surveillance tools are used to collect infection data. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered electronically and surveillance of all infections is collated onto a monthly infection summary. Ethnicity data is incorporated into data captured around infections. Infections are discussed at the quality/staff meetings and the registered nurse meetings (monthly). Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>There have been no reportable outbreaks reported since the last audit.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Metlifecare is committed to a restraint free environment for its facilities. Metlifecare Gulf Rise is restraint free. A registered nurse is the restraint coordinator and was unavailable to be interviewed during audit, however the clinical manager could describe 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 and therefore upholding the dignity of the residents under their care. At any time, restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. Should restraint be required, there are detailed assessments, an approval process, and monitoring requirements available. Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>
--	-----------	---

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.