

# Metlifecare Retirement Villages Limited - The Poynton

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## 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:

<b>Legal entity:</b>	Metlifecare Retirement Villages Limited
<b>Premises audited:</b>	The Poynton
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 21 April 2026    End date: 22 April 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	16

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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 The Poynton is owned and operated by Metlifecare Retirement Villages Limited and cares for up to 30 residents requiring hospital (geriatric and medical), and rest home levels of care. On the day of the audit there were 16 residents.

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

The village manager is appropriately qualified and experienced in healthcare management. They are supported by a nurse manager and a team of registered nurses, caregivers, and other staff.

There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified no shortfalls.

## Ō tātou motika | Our rights

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



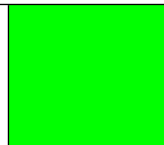
Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Metlifecare The Poynton provides services and support to people in a way that is inclusive and respects their identity and their experiences. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

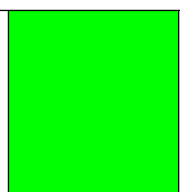
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety policies and processes have been implemented and are embedded in practice.

Staff incidents, hazards, and risk information is collated at facility level, reported to the head of health and safety and general manager clinical and risk. A consolidated report and analysis of all Metlifecare facilities is provided to the Board each month.

A staffing and rostering policy is in place. Human resources are managed in accordance with good employment practices. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Individual cultural and dietary requirements are made known to the kitchen. 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.

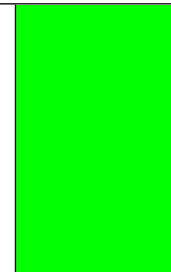


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. The planned maintenance schedule includes testing of electrical appliances. 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 prevention and control programme has been reviewed annually and is linked to the quality system. A registered nurse is the infection prevention and control coordinator.

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 collected and analysed for trends and the information used to identify opportunities for improvements. There has been one outbreak since the previous 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 nurse manager is the restraint coordinator. There is no use of restraint at Metlifecare The Poynton. There is governance commitment to maintain a restraint-free environment. Minimisation 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 would only use 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	18	0	0	0	0	0
Criteria	0	49	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. 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 cultural responsiveness – Māori policy and Māori health plan in place. These documents incorporate the principles of Te Tiriti o Waitangi including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring and supporting mana motuhake. Staff receive ongoing training in Te Tiriti o Waitangi, tikanga and culturally safe practice as part of the mandatory annual training schedule. During the audit there were no residents who identify as Māori. There is signage in te reo Māori. During the audit there were no staff who identify as Māori.</p> <p>Metlifecare The Poynton has a nurse champion for equity including Māori and Pacific Peoples' health who has done additional training and is a resource for staff. Each month a Māori kupu – word of the month is made known to staff to increase the use of te reo Māori in everyday practice. Interviews with the regional nurse manager, village manager, nurse manager, two caregivers, one registered nurse, and chef included examples of providing culturally safe services in relation to their roles.</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</p>	FA	<p>A Pacific plan and policy are in place. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families,</p>

<p>enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>and providing high quality healthcare. This document is in accordance with the Ministry of Health Pacific Plan. During the audit there were staff who identify as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the mandatory annual education schedule that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit there were no residents who identified as Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Metlifecare's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Residents interviewed (three hospital and one rest home level) and two family/whānau (both hospital) understood their rights and expressed the service upholds their rights and the rights of their loved ones.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Metlifecare's policies and procedures specify a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed and voluntary consent policy is implemented. Five resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA) if activated. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The Metlifecare feedback policy includes management of complaints. This is communicated to residents and family/whānau. Residents and family/whānau interviewed stated they knew how to make a complaint and expressed management and staff are approachable and take their concerns seriously. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The village manager maintains a complaints register. Since the last audit there has been one complaint. Review of the documentation showed that the complaint was acknowledged, investigated, and resolved to the satisfaction of the complainant. The complaint was of a minor nature. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The village manager 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>Metlifecare The Poynton is situated in Auckland and is certified to provide hospital (geriatric and medical) and rest home level care for up to 30 residents in occupation right agreement (ORA) care suites. All beds are certified for dual purpose. Ten of the care suites are suitable for double occupancy. At the time of the audit all care suites were singly occupied. There were five rest home and 11 hospital level residents all under the age-related residential care contract (ARRC). Metlifecare The Poynton is part of a retirement village.</p> <p>Metlifecare Retirement Villages Limited Group is governed by a board of six directors and an executive team. There is a clinical subcommittee of the board dedicated to reviewing clinical risks, outcomes, and continuous quality improvement initiatives. The directors of the board, executive team and managers have completed comprehensive orientation to their roles and the organisation and receive ongoing training to ensure compliance with legislative, contractual, and regulatory requirements. The Metlifecare The Poynton business plan 2026 includes a mission statement and identifies the purpose, values, direction, and goals for the organisation. Monitoring and review of the goals and overall performance occurs at planned monthly intervals. Metlifecare has a “care together” model of care where staff work in partnership with residents and family/whānau to support shared decision making while upholding dignity and respect.</p> <p>There is a quality and risk management plan in place 2026 that includes resident care, financial and budgeting considerations, clinical indicators, workforce, and training, family/whānau communication and engagement and other actual and potential risks. The managers, executive team, and board monitor performance of each area on a monthly basis to ensure quality standards and compliance is maintained. Progress against goals is discussed at monthly staff meetings.</p> <p>A clinical governance group that meets bi-monthly is in place for Metlifecare. This group oversee all clinical aspects of the business and are readily accessible to the village manager and nurse manager at Metlifecare The Poynton. This group includes a Māori representative, a geriatrician and senior registered nurse. Metlifecare is actively working on improving equity for Māori and events including incidents, infections and wounds are reported with ethnicity data included so Metlifecare can track trends over time.</p>
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<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 the Poynton is implementing a quality and risk management programme. The quality and risk management system includes performance monitoring through internal audits; through the collection of clinical indicator data for falls, medication errors, infections, skin integrity/wounds; resident and family/whānau feedback through surveys, resident meetings, compliments, and complaints; and through maintenance of a restraint-free environment.</p> <p>Monthly meetings for all staff provide a forum for discussions in relation to but not limited to quality data; health and safety; infection prevention and control; outbreak management; complaints received (if any); cultural compliance; internal audit compliance and corrective actions; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis includes internal Metlifecare and external benchmarking, feedback through residents' meetings and complaints management and analysis of ethnicity data to ensure health equity. Minutes of meetings are forwarded to the regional nurse manager (who also attends some meetings) and any issues are escalated to the clinical governance group.</p> <p>Current goals Metlifecare The Poynton are working towards include increasing resident engagement by staff spending more time with them, improving residents' dining experience and implementing a new model of care, Manaaki Ngātahi (care together). This name was gifted by a Māori consultant. Also gifted was a Metlifecare karakia which is said at the start of all meetings. Staff have received training in the new model which included ensuring care plans include the voice of residents.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into levels of practice for all residents.</p>

	<p>An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2025 resident and family/whānau satisfaction survey evidence an overall satisfaction rate of 89% for residents and 92.9% for family/whānau. In response to poor satisfaction with the meal service the village manager has completed a corrective action plan to improve the meal service in collaboration with the kitchen manager. The residents, family/whānau and staff were informed of the results of the survey and corrective action completed.</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 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 is in place. There is a combined health and safety meeting with the village and led by the village manager. The hazard register is reviewed at regular intervals at the health and safety meeting. Staff incidents, hazards and other health and safety issues are discussed. Staff incidents, hazards, and risk information is collated at facility level and reported to the head of health and safety for Metlifecare. A consolidated report of the analysis of data across the facilities are provided to the general manager clinical and risk who 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. 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 evidenced appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the nurse manager in consultation with registered nurses and caregivers.</p> <p>Discussions with the village manager and regional nurse manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification made to HealthCERT since the last audit related to the Medimap breach (although no breach of data occurred at Metlifecare The Poynton). There has been</p>
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		<p>one notification to the Health Quality and Safety Commission (HQSC) relating to a pressure injury. Since the last audit there has been one outbreak that was appropriately reported to Public Health.</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 a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical and village managers are onsite five days per week and are on call after hours. There is always a registered nurse on duty. The maintenance person for the village is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the nurse manager provides good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. The online education system allows the nurse manager to track whether staff are up to date on mandatory training and records show all staff are currently up to date. Training includes the mandatory online courses, in-services for infection prevention and wound management, as examples, competency tests and external professional development. Caregivers and registered nurses have current medication competencies. Registered nurses have a current first aid certificate.</p> <p>Caregivers are encouraged to complete New Zealand Qualification Authority (NZQA). There are 11 caregivers in total and nine have achieved NZQA level four.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, insulin competencies, and management of syringe drivers. At the time of the</p>

		audit there were six registered nurses including the nurse manager. Three, including the nurse manager, have completed interRAI training. The village manager is also a registered nurse. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.
<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>	FA	<p>A register of current annual practicing certificates was sighted and included all registered nurses, podiatrist, physiotherapist, and general practitioner. The scope of practice for registered health professionals and caregivers is validated prior to employment.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position, and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including two registered nurses, two caregivers and the activities coordinator. The files 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. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</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>	FA	<p>Five resident files were reviewed: two rest home level and three hospital level. Registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans. Outcomes of the interRAI assessments and the goals and aspirations of the resident and their family/whānau formulate the basis of the long-term care plan.</p>

	<p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Care plans are reviewed on a six-monthly basis or when there are changes in the status of residents.</p> <p>The service contracts a general practitioner to attend weekly. They are available by phone or zoom when needed on other days of the week and are on-call 24/7. Residents can choose to remain with their own general practitioner. The general practitioner sees and examines the residents within two to five working days of admission and completes monthly to three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was interviewed and stated that staff are competent, communicate clearly with them, provide excellent care, and know the residents very well.</p> <p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist is onsite twice a week. A podiatrist visits regularly.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by caregivers and the registered nurses document daily for hospital level residents and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 21 wounds for five residents including skin tears, lesions, and chronic ulcer. There were two unstageable pressure injuries for</p>
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		<p>one resident. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel charts, positioning charts, food and fluid charts and weight charts are utilised by staff according to the care plan. Neurological observations are completed as per the policy for unwitnessed falls or suspected head injuries. All incident reports reviewed evidenced timely nursing follow up.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in</p>

		<p>the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>At the time of the audit there were no residents self-administering their medications. There is a policy and procedure for self-administration that includes regular competency assessments and safe storage of medications. There are no standing orders.</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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen. Nutritional supplements are administered as prescribed.</p> <p>The food control plan is current to 3 December 2026.</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>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents otherwise staff transport residents to appointments.</p>
Subsection 4.1: The facility	FA	The building warrant of fitness is current to 7 July 2026. The physical

<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>environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There is a comfortable looking lounge and dining room for communal gatherings, meals, and activities at the facility. The facility is on one level, and each care suite includes a lounge/dining area, separate bedroom, and full ensuite. Residents are encouraged to personalise their care suites with personal, cultural, and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes calibration and testing of clinical equipment, last completed on 1 January 2026. Testing and tagging of all electrical appliances was completed in October 2025. Hot water temperatures are tested monthly and are maintained below 45 degrees Celsius.</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>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and are linked to the quality and business plan. Policies are available to staff. Metlifecare The Poynton has an outbreak and pandemic response plan, which includes preparation and planning for the management of lockdowns, screening, transfers into the facility and positive tests. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection control coordinator has completed the Metlifecare internal infection control coordinator's training. Staff complete mandatory online training for infection prevention and control annually. The infection control coordinator completes staff competencies for hand hygiene and personal protective equipment. The orientation package includes specific training around hand hygiene and standard precautions.</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>	FA	<p>Surveillance is an integral part of the infection prevention and control programme. The purpose and methodology are described in the infection prevention and control policy in use at the facility. The infection prevention and control nurse uses the information obtained through surveillance to</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>determine infection prevention and control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions, signs symptoms and reporting criteria. Infection data is entered into the infection register. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates quarterly through an external consultancy service, and internally monthly. Trends, benchmarking, along with actions and outcomes are discussed at the staff meetings. Meeting minutes and graphs are displayed for staff. The service incorporates resident ethnicity data into surveillance.</p> <p>Internal infection prevention and control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand and public health for any community concerns. Since the last audit there has been one outbreak of norovirus in June 2025. This was reported to Public Health and managed well with completed case logs, additional training for staff and appropriate isolation precautions.</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 Village governance is committed to a restraint free environment for its facilities. There is no use of restraint at Metlifecare The Poynton. The nurse manager (registered nurse) is the restraint coordinator and 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 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.</p> <p>There are detailed assessments, an approval process, and monitoring requirements available should these be required.</p> <p>Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.