

Metlifecare Retirement Villages Limited - Merivale Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Metlifecare Retirement Villages Limited

Premises audited: Merivale Retirement Village

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

Dates of audit: Start date: 28 May 2026 End date: 28 May 2026

Proposed changes to current services (if any): The provider notified HealthCERT on 10 March 2026 of their intention to certify the 22, 1 bedroom serviced apartments with separate lounge (on the ground floor) for dual purpose (rest home and hospital level

beds). This will include couples, however, the provider will only have up to five couples in care at any time. The provider needs to notify HealthCERT if they are accommodating five or more couples.

The service is planning to use the reconfigured service immediately upon the outcome of this audit. As a result of the audit and upon completion of the corrective actions required; the total dual purpose bed numbers will increase from 47 to 69.

Total beds occupied across all premises included in the audit on the first day of the audit: 40

Executive summary of the audit

Introduction

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

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

General overview of the audit

Merivale Village is owned and operated by Metlifecare Retirement Villages Limited and cares for up to 47 residents requiring hospital (geriatric and medical) and rest home levels of care. On the day of the audit there were 40 residents.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify the 22, 1 bedroom serviced apartments (hereafter called care suites) on the ground floor as suitable for dual purpose beds and for couples. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with the managers.

The care suites have a spacious one bedroom with a separate lounge and are under occupation right agreements; these care suites were certified as rest home care in 2022 but in recent years it was taken off the provider's certificate.

The village manager and nurse manager are suitably qualified for their role. There is a current business plan, a proposed roster and transitional plan related to the increase of residents. There were no shortfalls identified in Section 3 at the previous audit.

The one bedroom care suites are suitable for couples; however, the provider will only have up to five couples in residence at any time. The provider needs to notify HealthCERT if they are accommodating five or more couples. The partial provisional audit verifies the suitability of 22 care suites are fit for dual purpose use with the following further improvements required prior to occupancy; fire evacuation scheme, completion of hand hygiene equipment and completion of emergency training for staff.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The organisational business and quality plans inform the site specific operational objectives. There is a transitional (business) plan in place that is being operationalised. There are sufficient staff to support the care of residents while the resident numbers increase.

There are no staff vacancies. There are human resources policies including recruitment, selection, orientation, staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy is documented.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are prepared on site in a well-established operational kitchen. There are seasonal menus in place. A kitchen manager and regional food service manager provide oversight of the food services. There are spacious dining areas to support the residents dining needs. Meal alternatives are available for residents. A current food control plan is documented and approved.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are required to administer medications. An electronic medication system is used.

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

The 22 larger, 1 bedroom care suites have a separate lounge and ensuite toilet/shower facilities. The care suites suitable as dual purpose and for couples. There is sufficient space in the bedroom and lounge area for two residents to safely move around with their mobility aids. There is sufficient space to allow for care staff to care for two residents. A selection of care suites are fitted with ceiling hoists.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the services size and complexity. A registered nurse is designated as the infection prevention and control coordinator, they monitor the programme and report monthly, and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment are available and readily accessible to support this plan.

Surveillance of healthcare associated infections is undertaken, and results are shared with all staff. Follow up action is taken as and when required. Infection outbreaks are managed and reported appropriately.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning and laundry services. The internal audit schedule is in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The management and Metlifecare governance body is committed to maintain a restraint free facility. The staff completed training around restraint elimination and competency assessments. Competencies are completed annually. The nurse manager is the restraint coordinator. An approval group is in place and maintain a restraint free environment. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme.

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	10	0	2	0	0	0
Criteria	0	37	0	3	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 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>	FA	<p>Metlifecare Merivale Village is owned and operated by Metlifecare Retirement Villages Limited and cares for up to 47 residents requiring hospital (geriatric and medical), and rest home levels of care. On the day of the audit there were 40 residents: 18 residents at rest home level care and 22 residents at hospital level care. All residents were under the aged related residential agreement (ARRC). The care suites are under occupation right agreements. There are 17 residents in the 1 bedroom serviced apartments (hereafter called care suites). One was a couple sharing. There were no residents receiving care. There were two couples that were awaiting admission to the care suites. Note that one couple are already in separate care suites in the upstairs care facility.</p> <p>This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and disability services standard 2021 and the contracts with Health New Zealand to verify the 22, 1 bedroom serviced apartments (hereafter called care suites) on the ground floor as suitable for dual purpose beds and for couples. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with the managers.</p> <p>The care suites are located on the ground floor. All are under occupation right agreements, these care suites were certified as rest home care in</p>

	<p>2022 but in recent years it was taken off the provider's certificate. The one bedroom care suites are verified suitable for dual purpose use and for couples; however, the provider will only have up to five couples in care at any time. The provider needs to notify HealthCERT if they are accommodating five or more couples. The partial provisional audit verifies the suitability of 22 care suites are fit for dual purpose use with further improvements required prior to occupancy.</p> <p>The Metlifecare 'Care Together' model of care is reflective of the strategic direction, mission and values within the foundation documents (business plan and quality and risk management plan). Performance against the goals are measured and documented quarterly.</p> <p>The regional clinical manager confirmed the governance structure, with a recent change to the clinical and risk team. The Governance Board consists of five directors and the chairperson, each with their own expertise. The Board meets quarterly and receives monthly reports from the senior executive team, (chief executive officer, chief financial officer, chief sales and marketing chief operations and strategy, chief clinical and risk officer, manager people, chief property officer, chief people officer and chief information officer). The Metlifecare executive team is responsible for service operations. Reports include quality and risk management, compliance with standards and legislation, and key operational matters. The terms of reference for the Metlifecare governance body adheres to a documented agreed terms and reference.</p> <p>There are structured opportunities (surveys, resident meetings) for family/whānau to provide feedback, to participate in the planning, and implementation of service delivery. There are four regional clinical managers, a clinical quality specialist (oversees clinical projects), who is the national infection prevention and antimicrobial specialist and a clinical innovation system and improvement lead (vacant role) who support the Metlifecare facilities. Clinical governance is overseen by the organisation's clinical governance group (CGG) and clinical subcommittee, which include resident advocates and cultural advisors. The CGG meets bimonthly. The CGG oversee the development of the clinical policies, ensuring compliance and foster a culture of continuous clinical improvement. The chief clinical and risk officer oversees the activities of the CGG. The clinical subcommittee is dedicated with overseeing clinical risk, outcomes and continuous improvement activities and reports to the Board. At site level,</p>
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		<p>there are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager.</p> <p>The nurse manager is a registered nurse who has been in the role for the four years. The nurse manager is supported by two senior registered nurses and a village manager (non-clinical). The village manager who has been appointed to their role for 12 months, has an extensive background in sales and marketing roles within aged care villages. They provide operational support, and a regional clinical manager provides clinical support for Metlifecare care facilities in the region. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager.</p> <p>There are no changes to the management team. The governance structure remains unchanged.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>There are established procedures to report on the electronic platforms the reporting of health and safety issues including staff injuries and resident incidents. The quality and risk management system is well established with the appropriate escalation pathways to the executive team and a suite of clinical and non-clinical policies that form the foundation for service delivery. The suite of policies includes adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31 reporting) and severity assessment code 1 and 2 escalation and notification to the Health Quality and Safety Commission. The nurse manager and senior registered nurses understand the reporting process.</p> <p>There will be no changes to the implementation of the quality system and reporting of adverse events.</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>	FA	<p>There is a safe staffing policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. There are a number of documented rosters available that demonstrate an increase in staffing as resident numbers increase within the additional care suites. The rosters provide sufficient and appropriate coverage for the effective delivery of</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>care and support. Staff and residents will be kept informed in relation to changing staffing levels.</p> <p>There were six vacant care suites at the time of audit. At the time of the audit there were two couples waiting for care suites on the ground floor. No other residents in the care suites need immediate assessments of a change in level of care and these residents will remain as independent residents.</p> <p>There are 45 staff currently working across clinical and non-clinical roles. The current roster and proposed roster reflect sufficient staff to meet resident's needs. There are no vacant staff positions. Residents will be orientated to their new environment upon admission. There is a generous cover pool Metflex (Metlifecare casual pool), a nursing agency is used to backfill rosters in an event of short notice absences.</p> <p>The roster reflects each floor (care suites on first floor and care suites on the ground floor). The two full time senior registered nurses cover the roster over seven days to ensure clinical oversight. There is 24/7 RN cover with an additional two RNs on the morning and two in the afternoon shift, and one RN during the night shift. The registered nurse is supported by caregivers who are medication competent. A medication competent caregiver is allocated to the ground floor to ensure medication administration tasks are completed. The senior registered nurse provides direct clinical oversight across both floors and works with the registered nurses.</p> <p>There are no tasks to be provided to the 17 independent residents except cleaning and laundry tasks which are already allocated to specific domestic aides. There are currently six caregivers on the am shift, five on the pm shift, and three at nighttime. Two caregivers have been added in the proposed roster, one for morning and one for afternoon shift to absorb additional resident care needs.</p> <p>The nurse manager works full time Monday to Fridays. There is an after-hours on call roster for clinical support.</p> <p>There is a career progression coordinator/Careerforce assessor at Metlifecare support office assisting staff with career progression. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty one caregivers are employed, and twenty one hold a National Certificate in Health and</p>
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		<p>Wellbeing level 3 or above. There are 10 registered nurses; all are competent in the management of syringe drivers, and 8 are interRAI trained. One registered nurse is in the process of completing their interRAI completion.</p> <p>Metlifecare has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection control coordinator, restraint coordinator, health and safety officer, and fire officer. Separate team of domestic aides are employed seven days a week.</p> <p>The GP contract, local pharmacy, dietitian and podiatrist through Metlifecare will remain unchanged.</p> <p>There is a comprehensive library with resources on the intranet. An annual in service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually, these are completed and up to date. Additional RN specific competencies include syringe driver, wound competency and interRAI assessment competency. All RNs have attended in service training, which included a range of clinical topics specific to the current residents, medication optimisation and deprescribing, palliative care, diabetic management, and dementia care.</p> <p>The education and competency platform provide a dashboard to track education and competency completion.</p> <p>The service encourages all staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident and family/whānau meetings are held monthly and provide opportunities to discuss issues of concern or share information on the day to day happenings within the facility. A health and safety team have monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, staff training and development. Staff recruitment</p>

<p>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>processes are managed by the Metlifecare recruitment team using an electronic human resources system (Meteor). There are no staff vacancies.</p> <p>Staff files are held electronically; a robust recruitment process is managed by the people and culture team at Metlifecare support office. Employment contracts, police vetting checks, evidence of completed orientation workbook and the mandatory 'peak learning' induction modules are completed. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is a process to track performance (peak objectives) appraisals when due. These are being implemented and on track.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure and confidential. Although all staff have current orientation completed; the orientation related to emergency procedures, security procedures and a fire drill related to the ground floor care suites have not yet been completed (link 4.2.3).</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 is a suite of medication policies documented for the service that meet good practice and legislation. There is an established electronic medication administration system in place (Medimap). The service will continue to use the pharmacy delivered prepackaged medications (blister packs). There is an established pharmacy contract in place.</p> <p>Registered nurses and medication competent staff 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>The nurse manager explained that all medications are checked on delivery against the medication chart and any discrepancies are fed back to the</p>

		<p>supplying pharmacy.</p> <p>There is a secure medication room on the first floor. The medication rooms are of appropriate size, securely locked with keypad, has appropriate handwashing facilities, bench space for medication preparation, locked cupboards, medication safe and a medication fridge. The space is appropriate to accommodate additional medications. There are stainless steel trolleys for wound care and medication trolleys.</p> <p>There are processes and forms in place to document and monitor the secure medication rooms and fridge temperature daily. These are implemented. There are heat pumps/air conditioning units in the medication room to ensure the temperatures are kept below 25 degrees. The heat pumps in the medication room can be adjusted as needed.</p> <p>There is a documented process where all stored medications are checked monthly for expiration dates and opening dates.</p> <p>There are no standing orders. There is a documented process of reviewing the electronic medication charts three monthly by the GP. A medication audit ensures medication charts are reviewed, have a photo identification and allergy status identified. The medication audits ensure compliance. The medication policy addresses the requirements for indications for use for pro re nata (PRN) medications and documenting the effectiveness of PRN medications. There are appropriate risk mitigation plans in place to ensure medication charts are backed up in an event of an IT failure. Medication errors are collated as part of the incident system.</p> <p>There are no further changes required to the medication system as a result of the reconfiguration of services. Medication related equipment is sufficient to manage the needs of the residents.</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</p>	<p>FA</p>	<p>The kitchen is situated on the ground floor and adjacent to the dining room. It is well established and is fully equipped and operational. Food is prepared in line with recognised nutritional guidelines for older people. A seasonal menu cycle (approved by a dietitian May 2026) is utilised. Diets are modified as required and the kitchen staff are made aware of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes and dislikes. All</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>alternatives are catered for as required. There are internal audits documented to ensure residents weights are effectively managed and mini nutritional assessments are completed. The kitchen manager (qualified chef) has access to residents dietary profiles and is informed of any changes.</p> <p>The food is directly served from a bain-marie to the ground floor dining room. There is a verified food control plan which is current. Kitchen staff have attended safe food handling training. There is a registered food control plan (expires 3 December 2026).</p> <p>There are lip plates, appropriate utensils, and drinking beaker cups available to promote/maintain independence with eating and drinking. Food is plated in the kitchen and transported in hotboxes/scanned boxes to each floors servery area. There is a spacious dining room. There is sufficient space in the dining room with appropriate seating to provide a pleasurable dining experience. The dining room is spacious to accommodate an increase in mobility equipment.</p> <p>There are insulated lids available for tray service to the rooms. The food control plan documents the process of preparing, transporting and heating of puree meals. The roster evidenced sufficient staff to provide oversight during mealtimes and assistance with eating.</p> <p>There are no changes to the food services required. Note: the current independent residents have a separate dining area.</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</p>	<p>PA Low</p>	<p>The current refurbishing is completed. The care centre has a building warrant of fitness issued 20 March 2026. The environment is inclusive of peoples cultures and supports cultural practices. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>There is an established maintenance plan that is overseen by the maintenance team. All electrical equipment and other machinery have been checked within the last 12 months as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment in storage to accommodate the increased acuity of residents. The new furniture and equipment are appropriate for this type of</p>

<p>function.</p>	<p>setting and for the needs of the residents. The maintenance schedule includes checking of equipment, ceiling hoists maintenance, completion of call bell audits and hot water temperatures throughout. The managers explain there is an established process to maintain (including cleaning schedules) the appliances within the care suites.</p> <p>The current care centre and 47 suites are on the first floor.</p> <p>The 22 care suites as part of this partial provisional audit are situated on the ground floor and built around the main reception and internal courtyard. There are two lifts between floors; one is large enough for a bed/stretcher if needed, one is a service lift. There are stairwells, emergency exits at either end of the building to ensure safe egress of residents. The room provides for ease of movement and access for two residents and staff at any time. The fixtures and fittings in the room protects and promote residents dignity and wellbeing. The rooms are verified as suitable for rest home and hospital level care and suitable for couples.</p> <p>There is a fully equipped nurses station on the ground floor. All care suites have a spacious bedroom, lounge area, a kitchenette with appliances (microwave, fridge and dishwasher drawer), and a full ensuite (shower and toilet). All areas are spacious to provide for the safe manoeuvring of mobility and transfer equipment. The room and lounge are carpeted, and the ensuite and kitchenette have non slip flooring for ease of cleaning. All toilet and ensuite facilities are fitted with handrails. The flowing soap, hand towel dispensers and hand sanitiser dispensers are not yet in place.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Single or king single electric beds and appropriate mattresses for pressure relief are available. Care suites have underfloor heating throughout that can be individually managed. The rooms gave plenty of natural sunlight with big windows.</p> <p>The corridors are wide and disability toilets are available off the main lounge area. There are resting bays in the corridors.</p> <p>There is a spacious separate dining room, lounge and kitchenette/servery on the ground floor. All communal areas are open plan design. The lounges are comfortable with seating for communal gatherings and activities. Furniture is appropriate for residents with higher needs with enough space to accommodate residents in mobility chairs, wheelchairs</p>
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		<p>and lazy boys.</p> <p>There is a sluice room, equipment and linen storage rooms, cleaning room, waste and dirty laundry storage rooms with appropriate shelving.</p> <p>The managers stated that all care suites will be fitted with ceiling hoists. Six vacant care suites have completed ceiling hoists in place. There are sufficient manual sling transfer hoists, standing hoist and a sara steady on the equipment list and accessible from the existing care facility.</p> <p>External landscapes are maintained for safe access. All rooms have a slider door with level access to an internal courtyard or to the external decking area. There is a process in place to ensure security of the doors after a certain time.</p> <p>There is provision for seating and shade in the outdoor areas. There are separate toilets for staff and visitors to use with the appropriate vacant/engaged locks.</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>PA Low</p>	<p>The site specific emergency manual for Metlifecare Merivale includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. A business continuity plan is documented. The fire evacuation resident list, documents each residents mobility.</p> <p>Emergencies, first aid and CPR are included in the mandatory in services programme every two years. Orientation includes emergency preparedness. Fire drills and orientation to the environment are scheduled for staff, but not yet completed. There are enough staff currently already employed to provide first aid cover on most of the shifts.</p> <p>The fire service has all fire exits in place. Three fire doors were replaced to comply with the new fire evacuation scheme. The request for approval of the fire evacuation scheme has been lodged but is yet to be approved. A fire drill will held once the fire evacuation has been approved.</p> <p>The service also has a contract in place for a generator available in the event of a power failure for emergency power. There is a civil defence cupboard, including sufficient food stores in place. The maintenance manager checks the civil defence supplies monthly. Three water tanks are</p>

		<p>situated on the outside of the building and meets the requirements of the local civil defence guidelines (more than 8000 litres).</p> <p>An existing call bell system (Austco solutions) is functional. Call bells are in each bedroom, lounge and ensuite. For couples there are splitter call bell extensions available. There are attenuating panels in hallways to alert care staff to who requires assistance. The call system involves a mobile phone system whereby staff are alerted to a residents call bell and can communicate with one another, this is held by each care staff member. The call bell system (Austco solutions) can be monitored for response times.</p> <p>There is a main double door entrance into the care centre that will be secured at dusk. Visitors have access through a speaker system after hours. There are closed circuit television cameras (CCTV) at the main entry, exit doors and medication rooms. Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms.</p> <p>The security is planned in a safe way, including during an emergency or unexpected event. The civil defence and emergency plans reflect the change of environment.</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 control manual outlines a comprehensive range of policies, standards, and guidelines including defining roles, responsibilities and oversight, a pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. Metlifecare has a clinical quality specialist who has the national portfolio for infection prevention and control. The infection control programme is reviewed annually.</p> <p>The senior registered nurse is the infection control resource nurse (coordinator) The infection control programme links to the quality programme and reflects the business plan and strategic direction. The quality programme is reported on monthly, discussed monthly at staff/quality meetings and quarterly meetings and discussions with the</p>

		<p>Metlifecare infection control specialist.</p> <p>The nurse manager and senior registered nurse was involved in decision making of the reconfiguration of the service. The infection prevention and control programme is sufficient to manage the reconfiguration of services and will remain unchanged. Advice is sought from Metlifecare's national IPC lead and clinical governance group prior to any changes to the building.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The surveillance programme is established. The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised definitions are available to collect infection data. Infection data is collected and benchmarked monthly. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator is responsible for collating and analysing infection data on a monthly basis and reporting the results and corrective actions at various meetings.</p> <p>The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturers labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.</p> <p>Gloves, aprons, and masks are available for staff. There are sluice rooms with sanitisers, stainless steel bench and separate handwashing facilities are available on each floor. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. A team of domestic aides are rostered over seven days. There are cleaning schedules available.</p>

		<p>Chemicals are within enclosed dispensing systems.</p> <p>There is an established laundry with commercial appliances, dryers and washing machines. Laundry is operational Monday to Friday, it is operational until 10pm for two days a week and until 3.30 pm for the other three days. Clean laundry is delivered the same day to linen cupboards.</p> <p>Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator.</p> <p>The environment is culturally safe and appropriate to meet the requirements of the reconfigures services.</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 and Metlifecare Merivale is restraint free. A registered nurse is the restraint coordinator and described the focus on maintaining a restraint free environment. The service reports elimination strategies and its success/or not, to the governance body and quality meetings. An approval group is in place and committed to maintain a restraint free environment.</p> <p>Caregivers have completed restraint competencies as part of their orientation or following the ongoing restraint education. Behaviour management and de-escalation training are completed annually and evidenced high attendance numbers.</p> <p>The process of restraint discussions, review processes including internal audits is well documented and requires no change.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	The building has a warrant of fitness. All current refurbishments have been completed. Six vacant care suites are fitted with ceiling hoists. The rooms, lounge and ensuites are spacious to provide for resident care. Flowing soap, hand towel dispensers and hand sanitiser were not yet in place.	(i). The flowing soap, hand towel dispensers and hand sanitiser dispensers were not yet in place.	<p>(i). Ensure availability and accessibility of flowing soap, hand towel dispensers and hand sanitiser dispensers are put in place.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	The Fire and Emergency New Zealand approved evacuation plan has been lodged but not yet approved.	The evacuation scheme has been lodged for review and still needs approval.	Ensure the fire evacuation scheme has been approved by FENZ prior to occupancy.

				Prior to occupancy days
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>The site specific emergency manual for Metlifecare Merivale includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. There are quick reference flip charts displayed at the nurses' stations.</p> <p>Emergencies, first aid and CPR are included in the mandatory in services programme every two years. Orientation includes emergency preparedness. Fire drills and orientation to the environment are scheduled for staff; but not yet completed. There are enough staff currently and already employed to provide first aid cover on most of the shifts.</p> <p>The fire service has all fire exits in place. Three fire doors were replaced to comply with the new fire evacuation scheme. The request for approval of the fire evacuation scheme has been lodged but is yet to be approved. A fire drill will held once the fire evacuation has been approved.</p>	Staff have not yet completed fire safety and emergency training specific to the ground floor care suites, this includes a fire drill.	<p>Ensure staff complete fire safety and emergency training specific to the ground floor care suites, including a fire drill.</p> <p>Prior to occupancy days</p>

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.