Metlifecare Retirement Villages Limited - Parkside 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:	Parkside Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 May 2026 End date: 25 May 2026

Proposed changes to current services (if any): The provider notified HealthCERT on 14 January 2026 of a newly built facility containing 59 certified dual purpose (rest home and hospital level beds). This is intended to replace the existing care home premises. There are no proposed changes to the current secure dementia memory care unit.

Once the new build is completed, the service will have 12 dementia care beds and 59 dual purpose beds, with a total of 71 beds. The one-bedroom suites are suitable 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 service is planning to open the service on 13 July 2026 upon the outcome of this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 42

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 haumaru │ 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

Parkside Village is located in Auckland, and the new 59 bed care facility is newly built on the same premises. This is intended to replace the existing care home premises, which is certified to provide care for up to 45 residents at hospital (medical and geriatric) and rest home care. On the day of the audit there was 42 residents residing at the service.

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 new care facility as suitable, and to ensure the provider`s preparedness to transition residents safely from the current care facility to the new building. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with the managers.

The new care suites are under occupation right agreements; however, the current residents in care will transition to the new facility under their current financial arrangements with no change. The village manager and nurse manager are suitably qualified for their role. All staff will transition to the new building; there are no roles currently recruited for. There is a current business plan supported by a transitional roster and transitional plan. There were no shortfalls identified in Section 3 at the previous audit.

The one-bedroom suites are suitable 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 59 care suites (29 studio type rooms and 30 larger one-bedroom suites) as fit for dual purpose use, with further improvements required prior to occupancy related to the built environment; external environment; fire evacuation scheme; emergency training for staff; and activation of the call bell system.

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 human resources policies including recruitment, selection, orientation, and 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, and 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 haumaru | Person-centred and safe environment

There are 59 care suites, including 29 studio rooms and 30 larger one-bedroom care suites suitable as dual purpose. The 30 one-bedroom care suites are suitable for couples. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated.

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 appropriate to the service's size and complexity. A registered nurse is designated as the infection prevention and control coordinator, and 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 maintaining 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	36	0	5	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
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Parkside Village is located in Auckland, owned by Metlifecare Retirement Villages Limited Group. The service is currently certified to provide care for up to 45 residents; hospital (medical and geriatric) and rest home in the existing care facility, and dementia care in a 12-bed dementia unit (separate building). At the time of the audit there were 42 residents in the existing care facility, including 31 hospital residents, and 11 rest home residents. All residents were funded through the age-related resident agreement (ARRC). A partial provisional audit was conducted for the newly built facility containing 59 certified dual purpose care suites (rest home and hospital level beds). This is intended to replace the existing care home premises. There are no proposed changes to the current secure dementia memory care unit. In summary, once the new build is completed, the service will have 12 dementia care beds, and 59 dual purpose beds, with a total of 71 beds. Thirty of the fifty-nine care suites are suitable for couples; however, the provider intends to have only five couples at any given time. The care centre being certified is across three floors. This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital level of care within the new facility (ground level, level one and level two), to assess the suitability of the environment,

		and the safe transition of the existing residents to the new building. 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. 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. 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, there are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager. The nurse manager is a registered nurse, who has been in the role for three years and has been with Metlifecare for six and a half years. The nurse manager is supported by a senior registered nurse and a village

		manager (non-clinical). The village manager was appointed to their role in February 2026; they have a Master of Business Administration qualification and more than 20 years' experience in business support /management roles, including various healthcare services. The village manager is new to the aged care sector. There are no changes to the management team. The governance structure remains unchanged. The village manager has completed a comprehensive induction programme to their role.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	There are established procedures to report on the electronic platforms of the 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), Severity Assessment Code one and two escalations, and notification to the Health Quality and Safety Commission. The nurse manager and senior registered nurse have both an understanding of the reporting process. A Section 31 notification was sent for the change of the facility/village manager. There will be no changes to the implementation of the quality system and reporting of adverse events.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is	FA	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 increases in staffing as resident numbers increase. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support. Staff and residents will be kept informed in relation to changing staffing levels. There is a roster for the opening of the care centre and to cover the transfer of the residents. There is no immediate waiting list other than the existing residents. One married couple will move immediately into a care

managed to deliver effective person-centred and whānau-centred services.		suite suitable for couples. All current 47 staff will transition to the new care centre; the roster reflects sufficient staff to accompany residents from the existing facility to the new facility. There are no vacant staff positions. Residents will be orientated to their new environment upon admission. During the transition time, Metflex (Metlifecare casual pool) is booked to assist with the transition to the new facility. All residents will be transferred on the proposed dates (13 and 14 July 2026). The residents were allocated their care suites, so initial admission is not just isolated to one floor. The roster reflects each floor; it is flexible to support residents 'acuity, and the layout of the building. There is 24/7 RN cover, with at least three RNs on the morning, two in the afternoon shift, and one RN during the night shift. The registered nurse is supported by caregivers who are medication competent. A senior registered nurse provides direct clinical oversight and works with the registered nurses. There is a Metlifecare internal casual staff pool (Metflex) to assist with roster cover. The nurse manager stated other agency staff are used when necessary. Note that the staff in the care centre are not required to oversee or provide tasks in the dementia unit or independent apartments. The nurse manager works full time Monday to Fridays. The senior registered nurse rostered hours include weekends. In the absence of the nurse manager, the senior registered nurse will oversee the service. There is an after-hours on-call roster for clinical support. There is a career progression coordinator/ Careerforce assessor at support office assisting staff with career progression. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty caregivers are employed, and twenty-six hold a National Certificate in Health and Wellbeing level three or above. There are nine registered nurses; all are competent in the management of syringe drivers, and all are interRAI trained. 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.

		The GP contract, local pharmacy, dietitian through Metlifecare, and podiatrist will remain unchanged. 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. The education and competency platform provide a dashboard to track education and competency completion. The service will encourage all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident and family/whānau meetings are to be held monthly and will provide opportunities to discuss issues of concern, or share information on the day-to-day happenings within the facility. A health and safety team is to commence 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.
Subsection 2.4: Health care and support workers 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. 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. 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	FA	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff recruitment processes are managed by the Metlifecare recruitment team on an electronic human resources system (Meteor). There are no staff vacancies. Staff files are held electronically; a robust recruitment process is managed by the People and Culture team at support office. Employment contracts, police vetting checks, and 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)

services.		appraisals when due. 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 new premises have not yet been completed (link 4.2.3).
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There is a suite of medication policies documented for the service that meets 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 (robotic rolls). There is an established pharmacy contract in place. 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. The nurse manager explained that all medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. There is a secure medication room for each floor. The medication rooms are of appropriate size, securely locked with keypad, has appropriate handwashing facilities and bench space for medication preparation, locked cupboards and a medication fridge. Each medication room has a metal safe for medication. The secure storage/safe is yet to be affixed to the wall in each medication room (link 4.1.1). There are stainless-steel trolleys for wound care and medication trolleys. There are processes and forms in place to document and monitor the secure medication rooms and fridge temperature daily. There are heat pumps/air conditioning units in each medication room to ensure the

		temperatures are kept below 25 degrees. The heat pumps in the medication room can be adjusted as needed. There were not yet any medications within the medication rooms. There is a documented process where all stored medications are checked monthly for expiration dates and opening dates. 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 photo identification, and allergy status identified. The medication policy addresses the requirements for indications for use for pro re nata (PRN) medications, and 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. 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.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen has recently been refurbished and is situated in the village community centre. It is fully equipped and operational. There is an undercover walkway that connects the kitchen with the care centre. 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 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. Kitchen staff have attended safe food handling training. There is a registered food control plan (expires 3 December 2026). 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 floor`s servery area. There are dining areas on each floor. There is sufficient space in the dining room areas, with appropriate seating to provide a pleasurable dining experience. 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. There are no changes to the food services required.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	PA Low	The care centre is completed, but the Certificate of Public Use is not yet issued. 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. All electrical equipment and other machinery are new and will be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased. The new furniture and equipment are appropriate for this type of setting and for the needs of the residents. There is a list of equipment that will be transferred from the existing care facility to the new building. There is an established maintenance team. The maintenance schedule includes checking of equipment, ceiling hoists maintenance, completion of call bell audits, and hot water temperatures throughout. There is a main entrance, reception area, staff room, nurse manager office, administration offices, salon, and coffee/café area. A spacious library is situated on the first floor. There is a nurse's area on each floor; each floor has a lockable /secure area (called multi-service area) for staff to write notes, for handover, and private meetings. There is also a family/whānau room accessible. There are two lifts between floors; one is large enough for a bed/stretcher if needed, one is a service lift. There are stairwells, and emergency exits at either end of the building to ensure safe egress of residents. There are 59 care suites in the care centre. All rooms, ensuites and communal areas are spacious to provide for the safe manoeuvring of

		mobility equipment. On the ground floor, there are 18 care suites (nine studio type care suites and nine one-bedroom care suites). On the first floor, there are 20 care suites (9 studio type care suites and 11 one-bedroom care suites). On the second floor, there are 21 care suites (11 studio type care suites and 10 one-bedroom care suites). The resident areas are fully furnished and carpeted throughout. All toilet and ensuite facilities are completed with handrails. The corridors are wide, and disability toilets are available off the lounge area on each floor. Flooring in ensuites are of adequate material and for ease of cleaning. The flooring in two ensuites was not yet completed. The flowing soap, hand towel dispensers, and hand sanitiser dispensers were not yet in place and available throughout. There is a spacious separate dining room, lounge and kitchenette on each floor. All communal areas are open plan design. The lounges are comfortable, with seating for communal gatherings and activities at the facility. There is a disability toilet near the communal lounge. Furniture is appropriate for residents with higher needs, and enough space to accommodate residents in mobility chairs, wheelchairs and lazy boys. There is a sluice room, equipment and linen storage rooms, cleaning room, waste and dirty laundry storage rooms on each floor; however, shelving was incomplete. The managers stated that all care suites will be fitted with ceiling hoists. Due to shipping delay, the ceiling hoists have not yet been installed. However, there are sufficient manual sling transfer hoists on the equipment list and accessible from the existing care facility. Residents are able to bring their own possessions into the home, and are able to adorn their room as desired. All resident rooms include a single or king single electric beds, and appropriate mattresses for pressure relief. The studio type care suites have an ensuite shower and toilet. The room is spacious for the safe manoeuvring of mobility and transfer equipment. The rooms are verified as suitable for rest home and hospital level of care and single occupancy. The one-bedroom care suites have a one bedroom separate from a spacious lounge area, and an ensuite shower and toilet. The space is adequate for two residents and their mobility aids. The room provides for ease of movement and access. 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. There are landscaped pathways and landscaping around the care centre, with pathways that lead to the village community centre and gardens; external landscaping is incomplete. The lounges on the first floor and second floor opens up on to a spacious balcony with decking. The decking off the lounge on the first-floor needs completion. It was noted that there were a number of care suites that have access to a balconied area on the first and second floor. A number of care suites on the ground floor have access through a slider door to the outdoors. The outdoor access is not yet safe, due to the external landscaping still being completed. Ventilation and heating are managed through a central ventilation system; heating can be individually dialled within the rooms, and the lounges are equipped with heat pumps that can be individually dialled. The rooms gave plenty of natural sunlight with big windows; all have slider doors to a balcony or the outdoors. There is provision for seating and shade for the outdoor areas. There are separate toilets for staff and visitors to use, with the appropriate vacant/ in use locks. The service explained how they consulted widely to ensure the building reflects the aspirations and identity of Māori.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	The site-specific emergency manual for Parkside Village 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 resident`s mobility. 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 during the week prior to opening. There are enough staff currently and already employed to provide first aid cover on most of the shifts. The fire service has all fire exits in place. The fire evacuation scheme has

		been lodged, but is yet to be approved. A fire drill will be held once the fire evacuation has been approved. 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. A water tank is situated and available in the basement that meets the requirements of the local civil defence guidelines (more than10000 litres). A new call bell system (Austco solutions) has been installed throughout the facility, not yet activated and functional. Call bells are in each bedroom, lounge (for the larger one-bedroom care suite) and ensuite. 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 resident's call bell and can communicate with one another; this is held by each care staff member. The call bell system can be monitored for response times. There is a main double-door entrance into the care centre that will be secure at dusk. Visitors have access through a speaker system after hours. There are closed circuit television cameras 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. 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.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection	FA	The infection control manual outlines a comprehensive range of policies, standards, and guidelines, and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Metlifecare support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand. Metlifecare has a clinical quality specialist who has the national portfolio for infection prevention and

prevention programme that is appropriate to the needs, size, and scope of our services.		control. The infection control programme is reviewed annually. 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 discussed at quarterly meetings with the Metlifecare Infection Control Specialist. 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.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	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 and 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. The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the	FA	There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.

environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		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. All laundry is laundered off site three days a week at the Metlifecare laundry in East Auckland. Clean laundry is delivered the same day. There is a separate entrance for linen pickup and delivery. 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; however, shelving still needs to be completed (link 4.1.1). The linen will be transferred from the existing facility. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator. There is a domestic aide allocated to laundry services three times a week, to receive laundry on delivery days. The environment is culturally safe and appropriate to meet the requirements of the service.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Metlifecare is committed to a restraint-free environment for its facilities and Parkside Village 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. 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. The process of restraint discussions, and review processes, including internal audits, is well documented and requires no change.

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)
Criterion 4.1.1 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.	PA Low	The building has not yet been issued with a Certificate of Public Use. The environment is inclusive of peoples’ cultures and supports cultural practices. There are internal furnishings and flooring that needs to be completed.	(i). The building has yet to receive a Certificate of Public Use (CPU). (ii). The secure storage/safe in three medication rooms are yet to be affixed to the wall. (iii). Flooring in the ensuites of care suites (G018 and 111) are incomplete. (iv). The shelving in all storage areas (cleaning, linen and equipment) were incomplete. (v). The ceiling hoists	(i). Ensure the Certificate of Public Use (CPU) is obtained. (ii). Ensure the medication storage/safe in three medication rooms are affixed to the wall. (iii). Ensure the flooring in the ensuites of care suites (G018 and 111) is incomplete. (iv). Ensure all shelving in storage areas (cleaning, linen and equipment) is completed. (v). Ensure all care suites are fitted with ceiling

			are yet to be fitted in all the care suites. (vi). The flowing soap, hand towel dispensers, and hand sanitiser dispensers were not yet in place and available throughout.	hoists as planned. (vi). Ensure availability and accessibility of flowing soap, hand towel dispensers, and hand sanitiser dispensers are put in place and available throughout. Prior to occupancy
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	PA Low	There is a main entrance to the care facility. The path and landscaping to the main entrance is still under construction. Corridors are wide and have safety ledges/rails that promote safe mobility with the use of mobility aids. There is adequate space within bedrooms and communal areas. A number of care suites on the ground floor have access through a slider door to the outdoors; the outdoor access is not yet safe due to the external landscaping still being completed.	(i). The decking off the lounge on the first floor needs completion, to ensure safe access to the outdoors. (ii). There is not yet safe access to the main entrance due to incomplete pathways and landscaping. (iii). Care suites G02, G03, G04, G05, G06, G07 access is not yet safe due to the incomplete external landscaping.	(i). Ensure that the deck of the lounge on the first floor is completed. (ii). Ensure the landscaping around the main entrance is completed. (iii). Ensure the care suites G02, G03, G04, G05, G06, G07 have safe access to the outdoors. Prior to occupancy
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	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
Criterion 4.2.3 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.	PA Low	The site-specific emergency manual for Parkside Village 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. Staff completed a comprehensive orientation to their roles; however, staff have yet to complete fire safety and emergency training specific to the building. This is planned for the week prior to transferring the residents to the new building.	Staff have not yet completed fire safety and emergency training specific to the new building; this includes a fire drill.	Ensure staff complete fire safety and emergency training specific to the new building, including a fire drill. Prior to occupancy
Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.	PA Low	A new call bell system has been installed throughout the facility; however, it is not yet activated and functional. Call bells are in each bedroom, lounge (for the larger one-bedroom care suite) and ensuite. There are attenuating panels in hallways to alert care staff to who requires assistance.	(i). The call bell system is not yet operational throughout the facility.	(i). Ensure the call bell system is activated and functional. Prior to occupancy

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, these 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.