

Metlifecare Retirement Villages Limited - Bay Sands Village

Introduction

This report records the results of a Certification 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:	Bay Sands Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 May 2026 End date: 20 May 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	75

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bay Sands Village is owned and operated by Metlifecare Retirement Villages Limited (Metlifecare). The facility is part of a village in Tauranga. The service provides hospital (medical and geriatric), and rest home levels of care for up to 85 residents in the care facility. On the day of the audit there was a total of 75 residents across the service.

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

The clinical manager is a registered nurse and is supported by a village and care manager, two senior registered nurses and regional clinical manager.

The service has a quality programme that is well established. Opportunities are identified to ensure service delivery continuously improve and respond to the needs of residents.

The certification audit has identified shortfalls related to care planning time frames, monitoring of care and the accessibility to alternative essential energy resources.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Bay Sands Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and Pacific health plan in place. The service aims to provide high quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Bay Sands Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaint processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Bay Sands Village is operated by Metlifecare. The business plan includes a mission statement, operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk based approach. Quality improvement projects are implemented. Internal audits, meetings, and collation of data are all documented as taking place as scheduled with corrective actions as indicated. A health and safety system is in place. Health and safety processes are embedded in practice. Staff incidents, hazards and risk information are collated at facility level, reported to the head of health and safety, and chief clinical and

risk officer. A consolidated report and analysis of all Metlifecare facilities is then provided to the Board. There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is provided by activities coordinators, who provide a programme with a variety of individual and group activities and maintains resident links with the community. Activities are adapted to encourage sensory stimulation, and residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided.

Discharge or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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There is a current building warrant of fitness for the rest home and hospital level of care. The care centre is across two floors, with lift and stairwell access between the floors.

Rooms are spacious to provide personal care. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All communal areas and resident rooms have natural light.

There is a preventative and reactive maintenance plan implemented.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A staff member trained in first aid is always on duty. The appropriate security measures are undertaken.

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

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

Subsections applicable to this service fully attained.

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

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

The service has a robust pandemic and outbreak management plan in place. There is a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. No outbreaks occurred since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections
applicable to this
service fully attained.

Metlifecare has a documented commitment to eliminate restraint in all their facilities. Restraint policies and procedures are in place. Restraint is overseen by the restraint coordinator, who is the senior registered nurse. At the time of the audit there were no residents using restraint. Maintaining a restraint free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Restraint is an agenda item at quality improvement, registered nurse/clinical and staff meetings.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	165	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Metlifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The resident care plans include a Māori health care plan based on Te Whare Tapa Whā. The service has links with Māori providers. Cultural assessments are in place and are completed for residents who identify as Māori (when required). There were no residents who identified as Māori at the time of the audit. The Metlifecare strategic direction, mission and values support strategies to increase Māori capacity by employing and recruiting Māori staff at Bay Sands Village. The business plan and cultural responsiveness policy document a commitment and responsiveness to a culturally diverse workforce. There are staff members who identify as Māori. The village and care manager stated that they support a culturally diverse workforce and will interview Māori applicants when they apply for employment opportunities. Interviews with fourteen staff including, four registered nurses (RNs), two senior RNs, six caregivers, one activities coordinator, one domestic aide and managers including, the clinical manager, village

		and care manager, care experience manager, kitchen manager, maintenance manager and regional clinical manager explained how they provide high-quality, equitable and effective services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The Pacific health plan describes the commitment to appropriate care for Pacific residents of Bay Sands Village. The Pacific care plan supports either Te Vaka Atafaga or the Fonafale model of care, depending on the model most appropriate for the individual, and their choice. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There are Metlifecare cultural champions that represent Pacific staff and residents and ensure they have a voice. There were no residents identifying as Pasifika at the time of the audit. The clinical manager confirmed that family/whānau are encouraged to be involved in all aspects of care, particularly in any medical decisions, and recognition of cultural needs. Bay Sands Village partners with their Pacific employees, to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumer Rights (the Code) is accessible in a range of languages. The clinical manager confirmed ways Bay Sands Village increases the capacity and capability of the Pacific workforce, as described in the business plan.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are included in the information provided to new residents and their family/whānau. The clinical manager and/or senior RNs discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are also invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff

		and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy are available at the entrance to the facility and in the entry information pack provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held monthly, and these are well attended by residents. The service recognises Māori mana motuhake, which is reflected in the Bay Sands Village business plan and the Māori health plan. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with eight residents (five rest home and three hospital level) and four family/whānau (one rest home and three hospital) confirm that individual cultural beliefs and values are respected.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Caregivers and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice, are treated with respect, and participate in decision making. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over personal matters, including choice over activities they participate in and who they socialise with. The Metlifecare annual training plan demonstrates training is responsive to the diverse needs of people across the service. The service promotes care that is resident directed, holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect, and spoken to in a courteous manner. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to privacy. One married couple sharing a care suite stated their space and privacy are respected. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.

		Care plans reviewed evidence the independence of residents is respected and is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member. Values and beliefs information is gathered on admission with family/ whānau involvement and is integrated into the activity assessment, the 'know me' booklet and in the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Satisfaction surveys evidence resident satisfaction in relation to upholding residents' spiritual and cultural needs. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Cultural training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care, and tikanga Māori. Cultural days are celebrated and the activities programme meets tāngata whaikaha social needs and enable their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	An abuse and neglect policy is being implemented. Bay Sands Village policies document actions to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of ethics is discussed and signed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of ethics policy provides guidance on how to address elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, the understanding of injustices/bias and the code of ethics. Metlifecare strategic direction, mission and values includes a commitment to abolish institutional racism. Staff complete education around identifying abuse and neglect during orientation and annually. Staff are educated on how to value the older person, showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police vetting checks are completed as part of the employment process. The service implements a process to manage residents'

		comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries and code of ethics are covered as part of orientation. Metlifecare's model of care 'Care Together' reflects a holistic strength-based model, is implemented and is evident throughout all areas of the service.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information is provided to residents and family/whānau on admission related to the type of services provided. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Residents are supported by their enduring power of attorney (EPOA) to develop their goals in their care journey. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is documented in the progress notes and corresponding accident/incident forms. A sample of accident/incident forms reviewed identified family/whānau have been informed. This was also confirmed through interviews with family/whānau. At the time of the audit there were no residents who did not speak English. An interpreter policy and contact details of interpreters is available when required. Resident and family/whānau participation is encouraged through general feedback, multidisciplinary/ care planning meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large-print format. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and

		opportunities for further discussion, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	The Informed and Voluntary Consent policy guides staff around informed consent processes. The resident files reviewed included signed general consent forms as part of the admission agreement. Other consent forms include vaccinations, media release, and van outings. Residents and family/whānau interviewed could describe what informed consent is and knew they have the right to choose. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place, these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent. Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints management procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. The complaint register is held electronically. There were four complaints made since the last audit. Documentation, including follow up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There were no trends identified. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. All complaints reviewed had been resolved. Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality improvement and RN/clinical meetings (meeting minutes sighted). Higher risk complaints are

		managed with the support of the village and care manager and regional clinical manager. There were no complaints received from external agencies. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including (but not limited to); complaint forms, resident meetings, one on one with management, or through the website. During interviews with family/whānau, they confirmed the clinical manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori are available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The clinical manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.
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	Bay Sands Village is owned by the Metlifecare Retirement Villages Limited group. The care facility is part of the retirement village. The facility is certified to provide hospital (medical and geriatric) and rest home level of care for up to 85 residents across 2 levels. There are 69 dual purpose beds in the care home and 16 beds in the care suites that provide age-related residential rest home and hospital care under an occupation rights agreement (ORA). All of the 16 care suites are certified to support dual occupancy. There were two married couples sharing care suites at the time of the audit. At the time of the audit there were 75 residents: 37 residents at rest home level and 38 at hospital level care including 4 residents under the transitional active care scheme (TAC). All other residents were under the age related residential care agreement (ARRC). Metlifecare's strategic direction describes the vision, values, and objectives of Metlifecare aged care facilities. The overarching

		Metlifecare strategic direction has clear business goals to support their philosophy of empowering residents through a resident directed care model. The business plan describes specific and measurable goals. These site specific goals relate to business and quality of service delivery and include, provide a safe work environment, managing cost performance and enhancing the customer experience. The regional clinical manager confirmed the governance structure, with a recent change in the clinical and risk team structure. 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. A Māori plan is actioned at Board level. There is an external organisation that provides cultural advice to the Board on any issues requiring cultural oversight and direction. The Board and the executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan. Ethnicity data is captured electronically at facility level. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity, and outcomes for all residents. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Bay Sands Village are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata
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		whaikaha. There are structured opportunities (surveys and resident meetings as examples) for family/whānau to provide feedback, to participate in the planning, and implementation of service delivery. The chief of clinical and risk provided an explanation of the recent change in the clinical and risk structure: 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. The clinical manager is a RN who has been in the role for 18 months and has previous nursing management experience in the aged care industry. The clinical manager is supported by two senior RNs, a village and care manager who provides operational support, a regional clinical manager who provides clinical support and oversees other Metlifecare care facilities in the region. The village and care manager has been employed in their role for 18 months and has worked for Metlifecare in other roles. There are fortnightly documented clinical reports to the regional clinical manager and weekly operational reports to the regional operations manager.
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	FA	The use of the resident management system, electronic medication system and policies and procedures are fully embedded and implemented. Quality and risk management systems in place include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints and restraints).

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.	Internal audits, meetings, and collation of data are documented as taking place, with corrective actions recorded where indicated. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. A range of meetings including staff, quality improvement, RN/clinical, health and safety meetings provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, internal audit compliance, staffing, education and restraint. The clinical innovations and system improvement lead provides support with quality data analysis including benchmarking, the data provides an avenue for critical analysis of work practices to ensure health equity. Cultural safety is embedded in the quality system to ensure staff can deliver high quality health care for Māori; this is evident through the annual cultural safety audit completed. Tāngata whaikaha, have meaningful representation through the resident meetings and six monthly multidisciplinary meetings. An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2026 resident and family/whānau satisfaction surveys evidence an overall satisfaction increase from the 2025 satisfaction surveys. The overall satisfaction of service delivery increased from 75% to 81% from 2025 to 2026. The residents, family/whānau and staff received the results. Several quality improvement initiatives are documented and monitored to improve service delivery: including implementation of a falls prevention programme, improving the accessibility to medical services, and improved medication management practices. Satisfaction increased from 83% to 87 % from 2025 to 2026 related to medical and health services. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the clinical governance group. New policies or changes to policy are communicated and discussed with staff and
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		available on the intranet. A health and safety system and health and safety manual are in place. There is a health and safety committee and monthly health and safety meetings led by the village and care manager. Hazard and risk registers for kitchen, maintenance, cleaning and care home are in place, and have been reviewed recently. Staff incidents, hazards and other health and safety issues are discussed at various meetings, collated at facility level, and reported to the head of health and safety. A consolidated report of the analysis of data across the facilities are provided to the chief clinical and risk officer, who reports to the Board. Electronic reports are completed for each incident/accident and include a severity rating. There is a process to escalate incidents and accident that are deemed to be level one or two in severity with appropriate review and follow up by the CGG as needed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Metlifecare facilities and other age care organisations. Ethnicity data is linked to benchmarking data to provide for health equity through critical analysis of organisational practices. The electronic resident management system escalates alerts to Metlifecare senior team members depending on the risk level. Results are discussed in meetings and at handover. A sample of incident/accident reports, six monthly incident reporting and, internal audit results were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the clinical manager, in consultation with the RNs and caregivers. Discussions with the clinical manager and regional clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. HealthCERT notifications have been completed appropriately since the last audit. Notifications have been completed for events that required notification to the Health Quality and Safety Commission. There have been no outbreaks since the last audit.
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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 managed to deliver effective person-centred and whānau-centred services.	FA	There is an acuity and clinical staffing ratio policy that describes rostering, staffing and rationale. There is a roster tool that is used to determine the caregiver hours and RN hours for each week according to the acuity and number of residents. The roster provides sufficient and appropriate cover for the effective delivery of clinically safe care and support to residents. The clinical manager works full time from Monday to Friday. In the absence of the clinical manager, the senior RNs oversees the service with support from the regional clinical manager and village and care manager. The clinical manager and senior RNs share the after hours on call 24/7 roster for any clinical issues. The senior RNs provides direct clinical oversight on the floor and works with the RNs. There is 24/7 RN cover with at least two RNs on the morning and the afternoon shift and one RN during the night shift. The RNs are supported by sufficient number of caregivers on each shift. Caregivers reported staffing is adequate and the workload is manageable. There roster takes into consideration the design of the building including the care suites. There is a Metlifecare internal casual staff pool (Metflex) to assist with roster cover. The rosters reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The call bell reports reviewed confirm timely attendance to residents' needs. Meeting minutes evidence staff and residents are informed when staffing levels change. There are separate staff dedicated to the kitchen, activities, cleaning, laundry, and maintenance. The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists mandatory topics that are completed through an online format. External training opportunities for care staff include training through Health New Zealand and the hospice. There is a Metlifecare learning and development team (including a career progression coordinator/Careerforce assessor) who support staff training. Staff are encouraged to participate in learning opportunities that provide them with up to date information on Māori health outcomes and disparities,
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		and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-one caregivers are employed, and twenty-seven hold a National Certificate in Health and Wellbeing level three or above. There is a comprehensive library with resources on the intranet. All staff are required to complete competency assessments as part of their orientation. 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 and diabetic management. Registered nurses are supported with external training opportunities. Six out of the eleven RNs are interRAI trained. All caregivers are required to complete competencies at orientation. Annual competencies include restraint, moving and handling, hand hygiene, second checker for medication or medication administration competency, and correct use of personal protective equipment. A selection of caregivers' complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals (peak performance objective settings). Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.
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.	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).

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 services.		Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police vetting checks, and evidence of a completed twelve week orientation workbook. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All peak performance (appraisal) objectives are set at the beginning of the financial year, and performance is measured against the objectives and completed at the end of each financial year. All staff files reviewed had a completed peak performance objective evaluation completed. 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. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented. Any staff on a return to work programme following injuries are managed by an external company.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident files and the information associated with residents and staff are retained and archived as per policy. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Metlifecare disaster management plan in case of information systems failure. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The clinical manager and village and care manager share

		the privacy officer role and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of residents' files confirmed that entry to service complies with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The clinical manager and care experience manager are available to answer any questions regarding the admission process and give timely updates should entry to the service be delayed. The clinical manager and care experience manager manage the waiting list, adding prospective residents when there is no immediate vacancy. The service openly communicates with prospective residents and family/whānau during the admission process. The resident would be declined entry if not within the scope of the service, or if a bed was not available. When residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry and the reason for decline is documented. Family/whānau are provided with alternative options and links to the community if admission is not possible and are kept informed should there be a delay to service entry. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Bay Sands Village is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and

		liaison with local Māori services.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Nine electronic resident files were reviewed: four rest home level and five hospital level, including one resident on a transitional active care (TAC) package funded by Health New Zealand. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. All residents have admission assessment information and an initial care plan; however, three hospital level residents did not have the initial care plan completed within required timeframes (including the TAC resident). All residents other than TAC had an initial interRAI assessment, however, three hospital, and two rest home level residents did not have these completed within the required twenty-one day timeframe. The same residents also did not have their long-term care plan formulated within the required 21day time frame. Re-assessments, and care plan reviews have been completed within the contractual required timeframes for all long term residents. A suite of risk assessments is available on the electronic system. They are completed in detail to inform the care plan for residents who do not require an interRAI assessment (TAC). The assessments include (but not limited to), falls risk, skin, mood, pressure risk, nutrition, continence, communication, rest and sleep activities, mobility, and pain. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments were reflected in the care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā, Fonofale, Te Vaka and reflect a person centred model of care. The care plans identify key assessed risks, including medical risks, and interventions were described in sufficient detail to address assessed needs and were reflective of interRAI assessments. Te Ara Whakapiri principles are used in end of life care. Other available information, such as discharge summaries, medical and allied health notes, and consultation with resident and

		family/whānau or significant others form the basis of the long term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these are documented. All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three monthly or earlier if required. The contracted GPs visit twice per week or more if required. There are appropriate arrangements in place for after-hours support. The GP (interviewed) was very complimentary of the care, communication, and the quality of the service provided. The GP has remote access to the medication charts. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. A podiatrist and an organisational dietitian visit regularly. A speech language therapist, hospice nurse, mental health services, and wound care nurse specialist are available as required through Health New Zealand. The physiotherapist visits the facility for four hours per day, two days per week. Caregivers and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers complete task lists and complete progress notes on every shift. When changes occur with the residents' health, these are reflected in the electronic progress notes to provide an evolving picture of the residents' journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home level care residents. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations are being met. When a resident's condition alters, the registered nurse initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status. This was confirmed through the interviews with family/whānau. There were 10 wounds across the service, including lesions, skin tears,
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		and 1 stage 2 pressure injury. Assessments and wound management plans, including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence products, wound care supplies and pressure injury prevention resources. These were sighted during the audit. There is access to a continence specialist when required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations, behaviour charts, bowel chart, blood pressure, weight, food and fluid, turning charts, blood sugar levels, intentional rounding and toileting regime. Monitoring charts are complete, however, fluid input and output had not been consistently completed as scheduled for one hospital level resident. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations document the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long term care plans have been updated following the six monthly care conferences (multidisciplinary meeting [MDT]) and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care conferences when care plans are reviewed. Short term issues such as infections, weight loss, and wounds are addressed in an electronic short term care plan and closed off when resolved or transferred to the long term care plan.
Subsection 3.3: Individualised activities	FA	The residents' activities programme is implemented by a full time, and a part time activities coordinator, and volunteers who assist. All

The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	volunteers are inducted to the service. Activities are provided Monday to Friday, and caregivers can access resources to assist with activities after hours, and at weekends. The monthly activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. Daily and weekly activities are also written in larger font on whiteboards for those residents with impaired vision. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Individual activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflect residents' goals and interest, ordinary patterns of life, and include normal community activities. Each resident has a 'know me' booklet, which is in English and te reo Māori, and identifies residents' needs based on Te Whare Tapa Whā model. The residents' activity needs are reviewed six monthly at the same time as the care plans and contribute to the formal six monthly multidisciplinary review process. Cognitive ability of residents is also considered, and for lower functioning residents, therapeutic hour has been introduced to address their wellbeing. Residents are asked during resident meetings if there is anything that they would like to see on the activity calendar that is not currently available. Opportunities for Māori and whānau to participate in te ao Māori are available through links with local iwi, and local schools visiting cultural groups. Māori language week, and Matariki are celebrated. The service provides service content in both English and te reo Māori, including Karakia. Residents have participated in external activities such as floundering and flax weaving with the local Māori Trust that has close links with Bay Sands Village. For those residents who choose not to take part in the programme, one on one visits from the activities staff, or volunteers (including pet therapy) occur regularly. An outing is organised three times a week and regular visits from community visitors occur. Community connections are established with various groups. There are outings, such as for shopping, coffee, lunch, beach visits, and scenic drives. The service has implemented opportunities allowing residents to spend quality time with their loved ones outside the facility. Church services are held monthly, and there is a weekly Bible study
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		class. The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and provide opportunities for feedback and suggestions for the activity programme.
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	The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. Safe medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required documented three monthly reviews by the GP provided evidence of assessment to reduce polypharmacy where indicated. Resident allergies and sensitivities have been recorded on the eighteen electronic medication charts reviewed, and all medication charts have current photo identification. The service uses pharmacy robotic rolls that are checked by the registered nurse on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. There are two medication rooms. The medication refrigerator temperatures and medication room temperatures are monitored daily and are within accepted limits. Medications are stored securely in accordance with requirements. The staff observed administering medication, demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The medication administration process complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and review documentation regarding the effectiveness on the electronic medication management system and in the progress notes. Current medication competencies were evident in staff files. Education for residents regarding their medications occurs on a one to one basis by the registered nurses. Medication information for

		residents and family/whānau can be accessed online as needed. There is a documented policy that guides the process when residents are assessed as competent to self-administer medications. At the time of the audit, there were no residents self-administering medication, however, appropriate systems for assessment, and safe storage were available when required. There are no vaccines stored on site, and no standing orders are used. The medication policy describes the consideration of over the counter medications and supplements when prescribing occurs and access to traditional Māori remedies are facilitated when required. Interviews with the registered nurses confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP, following discussion with the resident and/or their family/whānau.
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	There is a kitchen manager (qualified chef) who manages the kitchen team. Food is prepared and cooked on site. The menu features two standard meal choices daily, along with options for special diets, such as vegetarian and culturally appropriate meals. This approach not only accommodates individual dietary preferences but also embraces cultural diversity. Metlifecare have a food development and compliance manager who is a registered nutritionist that oversees the menu. A nutritional assessment for each resident is undertaken by the registered nurses on admission to identify the resident's dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed. The food compliance and development manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. For residents who identify as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan. Food is transported in a heated scan box from the village centre kitchen already plated and served by the caregivers. There is a dining

		room in each area, and residents can choose to eat in their rooms if they prefer. A lunch meal was observed, and the dining experience and environment was safe and pleasurable. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal, and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by the food compliance and development manager (registered nutritionist), and an external dietitian is available as required. There is a current food control plan. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and freezers are monitored. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated. On interview, the kitchen manager was familiar with the concepts of tapu and noa. They discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori and Pasifika. Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. The residents and family/whānau interviewed stated the food is well presented and choice is provided.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and	FA	There is a documented policy that guides discharges and transfers between services. Discharges or transfers are managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are

whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		advised of options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested. Where needed referrals are sent to ensure other health services, including specialist care, is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process. Interviews with RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided to ensure a smooth transfer process.
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.	FA	The building has a current building warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full time maintenance manager responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic platform and followed up in a timely manner. There is an annual maintenance plan that includes electrical test and tag of equipment, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures, and appropriate pest control management. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually and was current. Hot water temperatures are monitored and managed within 45 degrees Celsius. Care is provided for up to 85 residents across 2 floors. There are 24 rooms in East wing: All rooms are dual purpose rooms with 16 bed care suites being on a right to occupy basis and previously certified as suitable to accommodate couples. There were two couples sharing care suites at the time of the audit; all other rooms are single occupancy. The facility has sufficient space for residents to mobilise using mobility aids. Residents have access to safely designed external areas that

		have seating and shade. Staff stated they had sufficient equipment to safely deliver the cares, as outlined in the resident care plans. All care suites are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids, including those required by hospital level care residents. Residents are encouraged to personalise their rooms. Care suites are fitted with ceiling hoists. All care suites have an external window and a full ensuite. There are separate toilets for staff and visitors. Toilets have privacy systems in place. The care suites with double occupancy are spacious to allow for care for two people. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. The communal areas include a lounge/dining areas and separate spaces for activities, which are easily and safely accessible for residents. Any future refurbishment plans will be discussed with Māori representatives, in order to ensure their aspirations and identity are included. General living, communal areas, and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open, allowing plenty of natural sunlight. The temperature was a good ambient temperature on the day of the audit. All corridors have safety rails that promote safe mobility. Corridors are spacious and residents were observed moving freely around the areas with mobility aids where required. All outdoor areas are well maintained, seating and shade is available, accessible, and safe for residents' use.
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	Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster. A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service (18 May 2017). A fire evacuation drill was completed in the last six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff received the

		appropriate training at orientation and annually to effectively respond to identified emergency and security situations. Civil defence supplies (sighted) are stored centrally and checked at regular intervals. There is back-up emergency lighting available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. A BBQ and gas cooktops in the kitchen are available for alternate cooking supplies. The service has battery backups; however, there is no generator on site, and no memorandum of understanding with a local hire supplier for a mobile generator, in case of a sustained power outage. A minimum of one staff member trained in first aid is available 24/7. There are call bells in the residents' rooms, toilets, bathrooms, and lounge/dining room areas. Residents were also seen wearing neck pendants and wrist pendants. Sensor mats, and bed sensors are used for fall prevention management. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Staff are easily identifiable and there is a sign in process to identify visitors and contractors. The building is secure after hours. Staff complete security checks at night, and the service has a security patrol overnight to check the exterior of the building and surrounds.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Bay Sands Village business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. A Metlifecare Infection Prevention and Control annual plan for Bay Sands Village for 2025-2026 is being implemented and reviewed quarterly. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. Expertise in infection control and AMS can be accessed through Metlifecare's support office, Public Health, and Health New Zealand. Clinical indicators, including infection rates, are thoroughly assessed at

		the clinical management team (CMT) meetings, attended by clinical managers/business care managers and senior nurses/assistant care managers. These meetings are chaired by the chief clinical and risk officer, and the outcomes are reported at each clinical governance group (CGG) meeting. The data is also benchmarked with other Metlifecare facilities. Metlifecare benchmarks with other aged care organisations and presents the results to their facilities. Any significant events at Bay Sands Village are managed using a collaborative approach and involve the infection prevention and control resource nurse (infection control coordinator/senior registered nurse), the management team, the GPs, geriatrician physician, and the public health team.
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 prevention programme that is appropriate to the needs, size, and scope of our services.	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 control. There is a job description that outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPC resource nurse (coordinator) has completed online training through Metlifecare and North Shore Hospital. The service has access to national infection prevention expertise through Metlifecare's support office (clinical quality specialist), a geriatrician and regional clinical managers. The Infection Prevention and Control Plan for 2025-2026 links to the quality plan. The Infection Control and Prevention Plan has documented objectives and are reviewed quarterly on the progress. Clinical indicators, including infection rates, are thoroughly assessed at the Clinical Management Team (CMT) meetings, attended by nurse managers and senior nurses. These meetings are chaired by the chief clinical and risk officer, and the outcomes are reported at each Clinical

		Governance Group (CGG) meeting. The clinical quality specialist holds quarterly meetings with the infection control coordinators at sites to provide further oversight and mentoring. The infection control committee meets monthly as part of the quality improvement meeting. Infection rates are presented and discussed at clinical, quality, and staff meetings. This information is also displayed on staff noticeboards. The IPC coordinator (senior registered nurse) was interviewed and confirmed the implementation of the pandemic plan was tested. During the visual inspection of the facility tour, staff were observed to adhere to infection control policies and practices. The infection prevention and control internal audit monitors the effectiveness of education and infection control practices. The IPC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The IPC coordinator and clinical team have protocols in place to work in partnership with any future Māori residents and family/whānau, for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits. The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal
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		protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap. Advice is sought from Metlifecare's national IPC lead and clinical governance group prior to any changes to the building.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the clinical, quality, and staff meetings. Significant events are reported to the clinical quality specialist. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Implementation is done in collaboration with GPs, clinical pharmacist, and the clinical team.
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	Infection surveillance is an integral part of the infection control programme and is described in the Metlifecare infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary report. This data is monitored and analysed for trends monthly, quarterly, and annually. Infection control surveillance is discussed at clinical, quality, and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured is easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are

		displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. The service receives information from Health New Zealand for any community concerns. No outbreaks occurred since the last audit. The caregivers interviewed confirmed they are confident to implement the pandemic and outbreak plan swiftly should this be necessary. Pre-prepared outbreak kits to support a swift implementation of the outbreak management plan were available.
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 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.	FA	There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals are clearly labelled with manufacturer's labels and stored in locked areas. The cleaning service for the facility is performed by an external contracted company every day of the week. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms with sanitisers, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. All laundry is laundered on site six days a week. Chemicals are within an enclosed dispensing system. Machines and dryers are serviced annually by an external provider. There is a clear separation between dirty and clean linen processes. A laundry manual is available. Clean laundry is delivered the same day to residents' rooms in covered linen trolleys. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning

		and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator. There is a domestic aide allocated to laundry services six days a week.
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	Policies and procedures meet the requirements of the standard. Metlifecare is committed to a restraint free environment for its facilities and Bay Sands Village is restraint free. A senior RN is the restraint coordinator and described the focus on maintaining a restraint free environment. Restraint was understood by the staff interviewed, who also described their commitment to maintaining a restraint free environment. The restraint coordinator is a defined role and provides support and oversight, should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation. The restraint coordinator and the multidisciplinary team would be responsible for the approval of the use of restraints, should this be required in the future, there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau, as part of the decision making process. Restraint is an agenda item of the quality improvement and RN/clinical and quality meetings. The outcomes of the discussions are reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.

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 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	All residents have admission assessment information collated and an initial care plan, which then leads into an InterRAI assessment, and long term care plan, however, these were not completed with the required timeframes for five of nine residents sampled. The service had mitigated risk to a degree by making a comprehensive progress note entry on admission. The clinical manager explained a delay in transfer of interRAI documents from the Needs Assessment Service Coordination Team service contributes to the delay in the facility not meeting the timeframes of developing the long term care plans. Internal audits related to resident care files evidenced high	Three hospital level residents did not have the initial care plan completed within required timeframes (including the TAC resident). All residents other than TAC had an initial interRAI assessment; however, three hospital, and two rest home level residents did not have these completed within the required timeframe. The same residents also did not have their long term care plan formulated within the required 21 day time frame.	Ensure timeframes are met for all required assessment and care planning documentation. 90 days

		compliance throughout 2025 and 2026.		
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.	PA Moderate	Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood sugar levels; intentional rounding and toileting regime. Monitoring charts are completed; however, fluid input and output had not been consistently completed as scheduled for one hospital level resident.	A hospital resident with complex medical needs had catheter output monitoring requirements detailed in their long term care plan, and fluid input monitoring requirements detailed in their short term care plan. Neither monitoring requirements were being consistently fulfilled.	Ensure monitoring requirements are completed as documented in care plans. 60 days
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	The service has battery backups for short term use, however, there is no generator on site, and no memorandum of understanding with a local hire supplier for a mobile generator, in case of a sustained	There is no generator on site, and no memorandum of understanding with a local hire supplier for a mobile generator, in case of a sustained power outage.	Ensure an alternative energy source is readily available in case of a sustained power outage.

		power outage.		90 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.