

Heritage Lifecare Limited - St Johns Hill Healthcare

Introduction

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

The audit has been conducted by The DAA Group Limited, 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: Heritage Lifecare Limited

Premises audited: St Johns Hill Healthcare

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

Dates of audit: Start date: 20 May 2025 End date: 20 May 2025

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: 56

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

St Johns Hill Healthcare is certified to provide rest home and hospital services for up to 60 residents. The service is owned and operated by Heritage Lifecare (BPA) Limited. There have been no changes to the service since the previous (certification) audit.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, the service's independent advocate, and a general practitioner.

The facility is managed by an experienced manager, supported by an experienced clinical services manager who has clinical oversight of the facility.

No areas requiring improvement were identified during the previous (certification) audit and no areas requiring improvement were identified at this audit.

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.

St Johns Hill Healthcare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, people from Pacific communities, and other ethnicities.

The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place.

There were no residents who identified as coming from a Pacific community residing in the facility on the day of audit. However, processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were processes in place to ensure that the complaints process worked equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensured the purpose, values, direction, scope and goals for the organisation are defined. Service performance was monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care, and these were supported at governance level. Residents and whānau provided regular feedback, and staff participated in quality activities. An integrated approach included collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated. Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff were appointed and managed using current good practice. Staff were suitably skilled and experienced. Staffing levels were sufficient to provide clinically and culturally appropriate care. Staff were orientated to the service. A systematic approach to identify and deliver ongoing competency and learning supported safe and equitable service delivery. Regular performance reviews were implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When residents were admitted to St Johns Hill Healthcare, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and they were evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

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

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Hot water temperatures had been tested

monthly; all were within acceptable limits. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities.

There have been no changes to the building or evacuation planning since the previous audit.

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.
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The governing body, care home manager, and the infection prevention nurse at St Johns Hill Healthcare ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The infection prevention and antimicrobial stewardship programme was adequately resourced. The experienced and trained infection prevention nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service was a restraint free environment. This was supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future.

Restraint education had been delivered, and staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>St Johns Hill Healthcare (St Johns) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors, and this is used for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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</p>	FA	<p>St Johns has identified, and works in partnership with, Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. There were no residents who identified as coming from a Pacific community in the facility during the audit. Should it be required, the Fonofale model of care was available for the use of Pacific community residents.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed at St Johns understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Formal training on the Code had been provided to staff in 2024.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters on the Code in English, te reo Māori and New Zealand Sign Language (NZSL) were on display in the facility. Brochures on the Code and the Advocacy Service were available in the front entranceway.</p> <p>An independent advocate held meetings with the residents and whānau every three months. Interviews with the advocate verified residents' rights and the availability of the Advocacy Service were included in the meeting discussions. Any concerns identified at the meeting were passed on to the care home manager (CHM), who addressed all concerns promptly.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at St Johns included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual or other exploitation, abuse, or neglect. Staff understood the service's policies and procedures and knew what to do should there be any signs of behaviour that could negatively impact on residents and/or their whānau. Staff followed a code of conduct and understood the principles of maintaining professional boundaries.</p> <p>Residents reported that their property was respected, and their finances protected.</p> <p>Residents and whānau expressed satisfaction with the care provided by St Johns and described staff as pleasant, caring and always willing to assist.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at St Johns and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting EPOA of requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these met the requirements of consumer rights legislation. Residents and whānau are informed of the complaints process on admission, and information relating to the complaints process is displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The CHM advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or the use of te reo Māori, as applicable.</p> <p>Documentation sighted for 12 complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the</p>	<p>FA</p>	<p>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. A strategic plan is in place which outlines the organisation's structure,</p>

<p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>purpose, values, scope, direction, performance and goals. Each facility has its own business plan for its particular services, and St John’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly. The service’s organisational philosophy and strategic plan reflects a person-centred and whānau-centred approach to the services delivered at St Johns.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a CHM, who is a registered nurse (RN), with the assistance of a clinical services manager (CSM), who is also a RN; both oversee the clinical services being provided at St Johns.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. This included receiving regular information from each of its care facilities, including St Johns. Internal data collection (e.g., adverse events, infections, audits and complaints) was aggregated, and corrective actions (at facility and organisation level as applicable) carried out. Feedback was made to the clinical governance group and to the board.</p> <p>Ethnicity data was collected to support equitable service delivery. Equity for Māori, people from a Pacific community, and tāngata whaikaha was addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevented access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). St Johns utilises the skills of staff and senior managers and supported them in making sure barriers to equitable service delivery were surmounted.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for aged related residential care (ARRC) services at rest home and hospital level, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), intermediate care, and day care. The service also has residents receiving care under Accident Compensation Corporation (ACC) contracts. Fifty-six (56) residents were receiving services at the time of audit; 24 residents were receiving rest home care (including one resident receiving intermediate care), and 32 at hospital level care (including two residents receiving care under ACC contracts). There were no residents receiving care under any other contract.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This included the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds.</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Relevant corrective actions were developed and implemented to address any shortfalls; this included ethnicity information to allow for any inequality to be identified and addressed. Progress against quality outcomes was evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and action plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting. Twelve adverse events were looked at in detail; all were fully completed, with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care. Neurological observations had been documented for residents who had an unwitnessed fall, or a witnessed fall with a witnessed 'blow' to the head.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been 11 section 31 notifications to HealthCert (at the Ministry of Health/Manatū Hauora) since the last (certification) audit related to absconding (six, four for one resident which have been addressed), fall with injury (one), fire alarm (two, both false alarms) choking (one) and pressure injury (prior to the change to notification to the Health Quality & Safety Commission/Te Tāhū Hauora). One notification has been made to Te Tāhū Hauora for a pressure injury (acquired whilst admitted to the local Te Whatu Ora hospital).</p>
<p>Subsection 2.3: Service management</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Review of four weeks of rosters showed that staffing was sufficient to meet resident need. The facility continues to adjust staffing levels to meet the changing needs of residents; this was observed on the rosters sighted. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Care staff reported there were adequate staff to complete the work allocated to them; residents and whānau interviewed supported this.</p> <p>The CHM and CSM who manage the service are both RNs. There are RNs on duty 24 hours per day/seven days per week (24/7), and there is a first aid certified staff member on duty 24/7. Job/role descriptions are in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Records sighted showed that the programme had been delivered. Related competencies are assessed, documented, and support equitable service delivery.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There were job descriptions in place for all positions that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also covered responsibilities and additional functions, such as holding a restraint, infection prevention (IP), or health and safety portfolio.</p> <p>A sample of eight staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) was maintained for registered or enrolled health professionals.</p> <p>Orientation was comprehensive and covered the most essential components of</p>

		the service (including safety competencies). Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at St Johns worked in partnership with the resident and their whānau to support the residents' wellbeing.</p> <p>Six residents' files were reviewed: three hospital files and three rest home files. These files included residents who identified as Māori, who self-administered medication, were receiving intermediate care, had a number of co-morbidities, had a non-facility-acquired unstageable pressure injury, had a recent fall, had a history of a behaviour that was challenging, and residents who required management of their diabetes.</p> <p>Files reviewed verified the RNs documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, from interviews, including with the general practitioner (GP), and from observation. Files reviewed verified that prompt attention from specialist services was sought when required. This included wound care specialists, dietitians, consultations by vascular specialists, diabetic nurse specialists and mental health services.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability.</p>
Subsection 3.4: My medication	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not in use at St Johns.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at St Johns was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 26 February 2025. One area requiring attention was identified regarding a process being in place if a food item was recalled. This had been addressed, and the plan was verified for 18 months. The plan was due for re-audit on 26 August 2026.</p> <p>Evidence of satisfaction with the meals service was evidenced by the 2024 resident satisfaction survey and resident interviews during the audit. One of the nine residents interviewed mentioned that more variety at the evening meal</p>

		would be a suggestion.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from St Johns, when needed, was planned and managed safely to include current needs and to mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well informed throughout the process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, physically accessible for people with a disability, culturally appropriate, and that they met legislative requirements.</p> <p>The building had a building warrant of fitness that expires on 17 June 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within acceptable limits. There have been no changes to the facility since the previous audit.</p> <p>Residents and whānau interviewed confirmed that they were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at St Johns were appropriate to the size and complexity of the service, had been approved by the governing body, linked to the quality improvement</p>

<p>implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body. An infection prevention nurse, who is a RN, led the process at St Johns.</p> <p>Staff interviewed were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>St Johns undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and the governance body, and where necessary, recommendations for improvement were identified.</p> <p>A summary report for a recent infection outbreak in April 2025 was reviewed; it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and St Johns is restraint-free. Restraint has not been used in the facility since 2014, and no restraint use was sighted during the audit. A restraint coordinator, who is a RN, has oversight of the restraint process.</p> <p>There are strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint (even if nil) is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific</p>

		<p>interventions, and de-escalation techniques, as part of the 2024 education programme. Restraint is on the 2025 education programme and is due to be delivered in September. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency).</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.