

Oceania Care Company Limited - Meadowbank Village - Care Centre

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 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:	Oceania Care Company Limited
Premises audited:	Meadowbank Village - Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 July 2025 End date: 4 July 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:	64

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

Oceania Care Group – Meadowbank Village – Care Centre (Meadowbank) provides age-related residential care at hospital and rest home level in care suites for up to 84 residents. In addition to this there are twenty-one dementia care beds in the Orakei facility a new building that officially opened 4 June 2025. The total beds are 105 beds. No changes have occurred to the original facility; however, recent changes to the clinical manager (CM) role and the business and care manager (BCM) role have occurred. Both were present at audit and involved in the audit process. The CM changed roles to be the quality business partner on 23 June 2025. A new clinical manager has been appointed and was orientating to the role. The BCM has moved to the role of regional operations manager. The regional clinical quality manager has moved to the national clinical quality manager role and was also present at the audit.

This certification audit process against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider’s contract with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, members of the governance group, managers, staff, and a nurse practitioner.

There were no areas requiring improvement 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.

Meadowbank Village Care Centre works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were 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. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. The one resident in the dementia service had an activated enduring power of attorney (EPOA) in place. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

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 and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data, identified trends and led to improvements. Actual and potential risks were identified and mitigated.

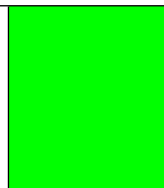
The National Adverse Events Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe, equitable service delivery.

Residents' information was accurately recorded, securely stored, and not accessible to unauthorised people.

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 people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and 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 new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participated in meaningful community and social activities suitable to their age and stage of life.

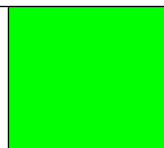
Medicines were safely managed and administered by staff who were competent to do so.

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

Residents were referred 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 displayed in the main building. The new building 'Orakei' had a current certificate of public use displayed. Electrical equipment was tested as required. External areas are accessible, safe, and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator led the programme.

The infection control coordinator was involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed in all areas of service delivery. There were safe and effective laundry and cleaning 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.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using a restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurred for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	29	0	0	0	0	0
Criteria	0	176	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.</p> <p>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>	<p>FA</p>	<p>The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with a Māori health advisor from a local iwi and Māori organisation to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori. There were no residents on the days of audit who identified as Māori.</p> <p>Staff interviewed understood and respected the rights of Māori residents when admitted to the service, ensuring they felt culturally safe. Te Whare Tapa Whā is the model of care used when Māori residents are admitted to this service. Training is provided to all staff on cultural safety and tikanga practices.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Meadowbank 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. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no Pacific people who were residents at this care centre on the day of the audit. A Pacific model of care has been adopted. The 'Fonofale' model of care is used for Pacific people admitted to this service.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce are supported, with 10 Pacific staff currently employed across roles.</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 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. Posters of the Code and advocacy services were posted around the facility.</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.</p> <p>There were no residents who identified as Māori at the time of the audit. Interviewed staff provided examples of how Māori mana motuhake could be observed if any residents who identified as Māori were admitted.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a</p>	<p>FA</p>	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p>

<p>way that is inclusive and respects their identity and their experiences.</p>		<p>Staff were observed to maintain privacy throughout the audit. Most residents had a private room, except for two couples who shared a room with their partner with their consent.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through information in te reo posted around the service and locations labelled in English and te reo. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. Residents' cash was stored safely in the administrator's office.</p> <p>Professional boundaries were maintained by staff, as verified by residents in interviews. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model when required.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>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</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>events and during management of any complaints. Staff knew how to access interpreter services, if required.</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 and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed admission agreements were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) 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>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assured the process worked equitably for Māori by having an interpreter service available, a Māori advocate can be arranged if needed, and the complaints process can be translated into te reo Māori if required.</p> <p>There have been two Health and Disability Commissioner (HDC) complaints received from external sources since the previous audit. One complaint was from a family member received on 1 January 2025. The complaint was investigated and was closed out on 23 January 2025. The second complaint was brought to the BCM's</p>

		<p>attention by HDC on 25 November 2025; however, the complaint was not required to be investigated at this time.</p> <p>Health New Zealand Te Whatu Ora requested follow-up against aspects of a complaint received in November 2024. Each aspect of the complaint was reviewed and had been managed appropriately by staff and management.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety. Since the last audit, a new chief executive officer (CEO) has been appointed.</p> <p>The leadership structure, including clinical governance, was appropriate to the size and complexity of the organisation, and there was an experienced and suitably qualified person managing the service. The BCM is currently staying in this position until a replacement BCM is appointed. The regional clinical quality manager was interviewed at audit and explained the clinical and care directorate confirmed a new structure changed on 19 May 2025 for the organisation. A copy of the new structure was reviewed.</p> <p>The 2025-2026 business plan included the strengths, weaknesses, opportunities, goals, vision and values of the service and these were defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A continuous improvement plan was sighted. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed.</p> <p>A commitment to the quality and risk management system was evident through the business plan, strategic plan, risk register, improving services, reporting, policy, processes, and through feedback mechanisms, and purchasing of equipment.</p>

		<p>Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports reviewed. Monthly clinical KPIs were sent by the clinical manager directly to the clinical governance committee to be analysed and results were benchmarked against the other ARC services in the Oceania Group.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through annual surveys. The last was completed mid-2024. A new process is being developed and implemented currently.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland for providing rest home and hospital-level care for up to 84 residents. These beds are managed as dual-purpose beds. On the day of the audit, 64 beds were occupied. Forty residents were receiving hospital-level care, and 23 residents were receiving rest home-level care. This included two respite care residents, both assessed as requiring rest home-level care. One resident was receiving dementia level care in the Orakei facility. The total beds at this aged residential care service are 105.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, falls and restraint management.</p> <p>Residents, whānau and staff contributed to quality improvement through meetings and surveys. Resident and staff surveys were completed twice yearly in May and November. Results were communicated to staff and used for quality improvements. Resident meetings were held monthly.</p>

<p>support workers.</p>		<p>The BCM was responsible for quality management. The quality performance system in place provided benchmarking nationally. The system was well embedded into the organisation and was used across all sites. A sample of quality and risk-related meeting minutes were reviewed and confirmed there was regular review and analysis of quality indicators, and that related information was reported and discussed. In addition to this, there were registered nurse (RN) meetings held monthly, and quarterly health care assistant meetings.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service worked to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>residents. A multidisciplinary team (MDT) approach ensured that all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate, and there was 24/7 RN coverage at all times. In the Orakei facility on the day of the audit there was twenty four hour registered nurse cover, and one care partner each shift.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>All care staff were expected to commence a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland if they had not already achieved qualifications. There were 31 health care assistants (HCAs) employed at this service. Twenty-eight (28) HCAs have completed Level 4, one Level 3 and two have completed Level 2. The model of care adopted for Orakei utilises care partners (all of which have trained to NZQA level 3 and level 4, and have completed additional dementia care training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of</p>

<p>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>staff records reviewed confirmed the organisation's policies were being consistently implemented. Job descriptions were documented for each role. Professional qualifications and annual practicing certificates of all employed and contracted health professionals were validated, and records were maintained annually by the CM.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance was reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information was accessible for all those who needed it. The service uses an electronic information management system. Staff had individual passwords to access the electronic system. The service is not responsible for issuing National Health Index numbers (NHIs).</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>Residents entered the service when their required level of care had been assessed and confirmed by the local Needs Assessment and</p>

<p>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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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.</p>		<p>Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents entered the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau and residents interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations. Support was available when required for Māori and their whānau who may enter the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood how to support Māori and whānau to identify their own pae ora outcomes in their care plan when required.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed</p>

		<p>active involvement in the process.</p> <p>Tāngata whaikaha participated in service development through the assessment and care planning process. Examples of choices and control over service delivery were discussed with staff and tāngata whaikaha/whānau. Tāngata whaikaha/whānau could independently access information.</p> <p>Residents' records, observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The NP expressed satisfaction with the care being provided to residents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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.</p>	<p>FA</p>	<p>The activities programme was overseen by a registered diversional therapist (DT), who was supported by an activities assistant. The programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. All residents were given a copy of the weekly activities calendar, and the calendar was also posted on the noticeboards around the facility.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Activities on the schedule included talks from St Johns ambulance services, van outings, multicultural days, residents' art garden series exhibition, church sessions, board games, live external entertainment, themed quiz, social awareness programmes, Matariki and Waitangi celebrations. Community Initiatives and opportunities for Māori and whānau to participate in te ao Māori would be facilitated as required.</p> <p>Feedback on the programme was provided through the annual satisfaction surveys and in three-monthly residents' meetings. Residents interviewed confirmed they found the programme met</p>

		their needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administered medicines were competent to perform the function they managed. Current medication administration competencies were available in the reviewed staff records.</p> <p>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.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly nurse practitioner (NP) review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents and their whānau were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service was in line with recognised nutritional guidelines for people using the services. The menu was reviewed by the organisation's qualified dietitian on 31 March 2025. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration that will expire on 28 March 2026.</p> <p>Each resident had a nutritional assessment on admission to the</p>

		<p>facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. The residents were provided with three menu options to choose from for lunch and dinner. The chef stated that menu options that were culturally specific to te ao Māori would be provided when required.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity in the dining room on the first floor.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The transfer and discharge policies were available to guide staff practice. Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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,</p>	FA	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they met legislative requirements. The service has 65 care suites in the main building under Occupation Right Agreements (ORAs); two of these were being used by couples. All care suites are dual purpose, providing rest home and hospital-level care services. In Orakei there are forty ORA beds, The first floor has 19 dual purpose beds and the ground floor 21 dementia level care beds in this secure dementia care service. One bed only is occupied in the dementia care service.</p>

<p>independence, interaction, and function.</p>		<p>The total beds for the site is now 105.</p> <p>The grounds were well maintained by a contracted service provider.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. All care suites were fitted with ceiling hoists. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The facility has a current building warrant of fitness (BWOFF) that expires on 23 May 2026. Orakei has a certificate of public use (CPU) dated 15 April 2025.</p> <p>Equipment tagging and testing was current, as confirmed in records dated July 2025. The maintenance manager was interviewed. Inventories of all resources and equipment were maintained and were reviewed. Calibration of all medical equipment was completed by a contracted service provider on 16 December 2024. Hot water checks were completed by the maintenance team monthly and recorded appropriately. Any variances in temperatures was reported to the contracted service providers as needed.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed indicated that they had adequate equipment for safe delivery of care to residents. Care staff reported that they respected the residents' spiritual and cultural requirements.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices. A process was in place to ensure consultation or co-design with Māori occurred when a new building was in the design process.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 7 April 2025. The last fire drill and training were held on 24 February 2025 and is completed bi-annually. Floor plans, sprinkler system, alarms, fire action notices and smoke detectors and exit signs were sighted and were checked regularly.</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Disaster and civil defence plans and policies directed the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. The service has back-up of liquid petroleum gas (LPG) for the kitchen. There was no generator on site, but a memorandum of agreement has been arranged with a local hire service to have priority in an emergency. Two barbecues along with gas cylinders were accessible for cooking purposes. Dry foods and additional frozen food were readily available to meet the requirements. Torches, batteries, disposable cups, utensils and continence products are available, as well as spare linen and personal protective equipment (PPE).</p> <p>The CM reported that a staff member who was first aid-trained was on duty on all shifts. Current first aid certificates were reviewed in the staff records randomly selected to sample.</p> <p>Call bells alert staff to residents requiring assistance. Call bells are available in all service areas to summon assistance if needed. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. The facility was locked by staff in the evening and windows and doors were checked on the afternoon and night shifts. Residents were informed of the emergency and security arrangements on entry to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice were sought following a defined</p>

<p>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.</p>		<p>process.</p> <p>Specialist support can be accessed through Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland infection prevention team, the medical laboratory, external consultants, and the attending nurse practitioner.</p> <p>A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the national infection prevention expert had been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice can be accessed from the cultural advisor when required. The IP programme was reported on and reviewed annually and was last reviewed on 8 May 2025.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was</p>

		audited to maintain good practice. Single-use medical devices were not reused.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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.</p>	FA	Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.
<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>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and 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.</p> <p>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. Seven outbreak infections had been reported since the previous audit. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment supported prevention of infection

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel had oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Cleaning and laundry policies were available to guide staff practice.</p> <p>Most laundry was completed off site except for delicate clothes, which were laundered on site. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, one resident was using a restraint. Any use of restraint was reported to the governing body.</p> <p>Policies and procedures met the requirements of the standards. Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group was responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints had been approved, and the overall use of restraint was monitored and analysed. Whānau/EPOA were involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p>	FA	<p>When restraint was used, this was as a last resort when all alternatives had been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>involvement. Access to advocacy was facilitated as necessary.</p> <p>Monitoring of restraint was overseen by the restraint coordinator and took into consideration the person’s cultural, physical, psychological, and psychosocial needs, and addressed wairuatanga.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>A person-centred debrief followed any episode of emergency restraint using the most appropriate member of the workforce to do so. No emergency restraint has been used. Staff have been involved in a timely debrief following any restraint events.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use, which includes all the requirements of the standard. The outcome of the review was reported to the governance body. Any changes to policies, guidelines, education and processes were implemented if indicated. The use of restraint has been reduced to one resident over the last four years.</p>

Specific results for criterion where corrective actions are required

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

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

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

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.