

Oceania Care Company Limited - St Johns Wood

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: St Johns Wood

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

Dates of audit: Start date: 30 September 2025 End date: 1 October 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: 65

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
Yellow	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
Red	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 Wood Rest Home and Hospital (St Johns Wood) is certified to provide rest home or hospital levels of care for up to 98 residents in care suites and single occupancy rooms. The home is part of Oceania Healthcare Limited (Oceania) and is managed by a general manager (previously titled the business and care manager), who is supported by a clinical manager. The most significant changes since the previous audit in October 2023 have been:

- The appointment of a new clinical manager in 2024
- The completion and sales of additional care suites, which enables the 98-person maximum capacity
- The new organisational structure within Oceania confirmed in May 2025

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora and the Accident Compensation Corporation (ACC). Processes used included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and their whānau, staff, and a nurse practitioner. Most residents and all whānau were complimentary about the care provided.

The audit identified three areas for improvement. Two of these are required in the quality system and relate to closing corrective actions and determining accurate risk ratings in adverse events. The other improvement relates to staff education in consumer rights and cultural competency, specifically Te Tiriti o Waitangi and health equity.

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.
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St Johns Wood works collaboratively to support and encourage a Māori world view of health in service delivery. There were processes and systems available to ensure residents who identified as Māori would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There were processes in place to ensure that Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

The service provider is aware of the requirement to recruit and retain staff who identify as Māori or from a Pacific community in its workforce; the requirement to do this is embedded in policy. There were staff identifying as Māori and from a Pacific community in service at St Johns Wood.

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. St Johns Wood provided services and support to people in a way that respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced and there was evidence that residents and their whānau were kept well informed. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were being managed in accordance with the Code of Health and Disability Services Consumers' Rights and in collaboration with all parties. Culturally specific processes are in place for Māori.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

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

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

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

Residents' information is 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.
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The entry-to-service process is efficiently managed. There is an electronic system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their whānau, and staff. Residents and whānau expressed satisfaction with the activities programme in place.


There is a medicine management system in place. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse

practitioner/general practitioner (NP/GP) is responsible for all medication reviews. There are policies and procedures that describe medication management and align with accepted guidelines.

The food service is safely managed and meets the nutritional needs of the residents, with special cultural needs catered for, including foods relevant to te ao Māori.

Residents are 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents were generally satisfied with staff response to call bells. Security is maintained.

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.

The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator participates 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/infectious diseases response plan.

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

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry 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.

St Johns Wood aims for a restraint-free environment. This is supported by the governing body, policies, and procedures.

There was one resident using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, occurs 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	27	0	2	0	0	0
Criteria	0	173	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>Oceania has policies on Māori and Pacific peoples, for example, Oceania Commitment to Māori, Tikanga Best Practice Guideline, Māori and Pacific Peoples Health policy and Oceania Māori Health Plan 2022–2025. The November 2023 site-specific operational plan for Māori and Pacific peoples was also reviewed and discussed. These describe how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. Policies and plans address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities.</p> <p>As well as the Māori Health Advisory Board, a Cultural Advisory Group has recently been established. Minutes of the inaugural meeting on 3 June 2025 confirmed the membership and responsibilities of the group. This group will meet six-monthly to review the implementation of the Oceania cultural competency framework for employees, make recommendations where required to the clinical and health and safety committees, review compliance with Te Whare Tapa Whā, and recommend strategies for incorporating te reo Māori and tikanga Māori in all care centres. There was a finding in 2.3.3 related to staff attending regular training in cultural competencies.</p>

		<p>Although there were Māori residents in the care centre during the audit, only one expressed a desire to be identified as Māori.</p> <p>A Māori resident interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) was respected.</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 is documented on recruitment and trended.</p> <p>St Johns Wood has demonstrable links for local Māori health support through various channels. These include liaison with local iwi and hapu, knowledge, and relationships with Kaupapa Māori services, and both the service Chaplin and general manager 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.</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>The service provider has a range of policies and plans on Māori and Pacific peoples' health (refer subsection 1.1). These describes how the organisation will respond to the cultural needs of Pacific people. The documents describe the need to embrace cultural and spiritual beliefs based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020 and outline the Fonofale model of care.</p> <p>There were no residents who identified as Pacific peoples residing at St Johns Wood on the days of audit. Management and staff described how they would access support for residents through local Pacific services, staff, or churches in the area.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce across differing levels of the organisation are in place. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. Staff identifying as Pacific people were employed in various positions at St Johns Wood and throughout the wider Oceania organisation.</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>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on large print posters in English, te reo Māori, and New Zealand Sign Language (NZSL) in a number of places around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service were available in the entry foyer. A poster on the Nationwide Health and Disability Advocacy Service was displayed in the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents in the service in accordance with their wishes; however, three were unaware of the services provided by the Nationwide Health and Disability Advocacy Service (refer 2.3.3). Staff described how they recognised mana motuhake (self-determination) for all residents.</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. Interviews with whānau, who visited regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>St Johns Wood had a range of cultural diversities in its staff mix. Whānau and staff can assist if interpreter assistance is required. The service also had access to interpreter services and cultural advisors/advocates as needed. Relationships had been established with Māori and Pacific peoples' organisations who could provide support to residents who required this.</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 way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>St Johns Wood supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, culture, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted throughout the service.</p>

		<p>Staff at St Johns Wood had been educated in Te Tiriti o Waitangi, tikanga, and cultural safety through the orientation programme and as part of the 2025 education programme. The review of staff files and interviews, however, identified a number that could not verify the training had been attended (refer 2.3.3). The staff could speak and learn te reo Māori, with the assistance of staff members, community advisors and residents who identified as Māori. Documentation in the care plans of residents who were Māori or identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. A physiotherapy programme was in place for all residents, including tāngata whaikaha, to assist them in improving or retaining mobility.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. St Johns Wood responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion, communication, and informed consent was included in the organisation's training programme for the support of tāngata whaikaha.</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 Wood 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. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Professional boundaries are maintained by staff. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected.</p> <p>A strengths-based and holistic model of health was promoted at St</p>

		Johns Wood, which included use of Te Whare Tapa Whā and Fonofale models of care specific to Māori and Pacific peoples.
<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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and their whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in both English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at St Johns Wood were held regularly, in addition to regular contacts with whānau by email, newsletters, telephone calls, and the 'open door' policy of the clinical manager (CM). A notification on the notice boards advised when the resident and whānau meeting would be held next.</p> <p>Evidence was sighted of residents communicating with all staff, including the CM. Residents, whānau and staff reported the CM responded promptly to any clinical suggestions or concerns. Residents and whānau reported that the ongoing dissatisfaction with the food services had not been addressed (refer 2.2.1).</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Evidence of open communication was apparent during the management of any complaints. Documentation supported evidence of ongoing contact with residents' enduring power of attorney (EPOA) or whānau. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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</p>	FA	<p>Residents and/or their legal representative are 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.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with</p>

<p>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>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. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Staff who identified as Māori, from a Pacific community, or other people/organisations involved in the service, assisted staff to support safe cultural practice for residents.</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. 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 is in place to receive and resolve complaints that leads to improvements. The process meets 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 for the five complaints received in the past 12 months showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. An example of changes made to the timing of pad changes, which was disrupting a resident's sleep, was confirmed.</p> <p>The service assures the process works equitably for Māori by providing the complaints process in te reo Māori and offering support by the service Chaplin, who identifies as Māori, and/or accessing other people in the community agreed to by the resident or whānau involved.</p> <p>There have been no complaints received or investigated by the Office of the Health and Disability Commissioner or Health New Zealand – Te Whatu Ora since the previous audit in 2023.</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</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served, through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti o Waitangi and being focused on improving</p>

<p>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>outcomes for Māori, Pacific peoples, and tāngata whaikaha. Oceania maintains a register of board members that demonstrates their previous knowledge/training/expertise in Te Tiriti, health equity, and cultural safety.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by the national executive/leadership team and board, with external advice sought as required. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service. The general manager, who is also responsible for Wharerangi, another Oceania care facility in Taupo, has been in the role since 2001.</p> <p>The purpose, values, direction, scope, and goals are defined, and monitoring and reviewing performance occurs through regular reporting at planned intervals. 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, and through interviews with the general manager and a national quality clinical manager who was present for the audit. The Oceania reporting structure relies on information from its strategic plan to inform individual care centre business plans. The St Johns Wood business plan defines annual goals and projects that support the overall organisational goals. Cultural safety is embedded in business and quality plans and in staff training (there is a low-risk corrective action related to this in criterion 2.3.3). Changes are made to the business and/or the strategic plans as required. Ethnicity data about staff and residents is collected and available to governance and the senior leadership team, to support equity.</p> <p>Governance and the national executive team are committed to the quality and risk management systems through maintaining current organisational policies and processes, which are based on known best practice, monitoring outcomes of quality and risk activities using various methods, and from feedback received. The Clinical and Care Directorate provides monthly clinical and quality reports to the board that include a summary of key metrics, events, updates, and risks relating to service delivery across all Oceania care centres. Evidence was confirmed through interviews and a sample of reports to the board,</p>
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		<p>including the August 2025 National Clinical Quality Report and the general manager's monthly reports to the national executive team.</p> <p>The Clinical Governance Steering Committee is appropriate to the size and complexity of the organisation. The committee, which has been in place for some time, meets regularly to monitor clinical care practice and review feedback, including complaints and concerns received about care in villages and care centres.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through regular satisfaction surveys, and group and one-to-one meetings.</p> <p>Throughout Oceania facilities, the corporate team has worked at addressing barriers to equitable service delivery, including for tāngata whaikaha. The needs of young people with disabilities are reflected in organisational documents. The audit team found no perceived or obvious barriers at St Johns.</p> <p>St Johns Wood has an Aged Care Residential contract and supports rest home and hospital level of care with a maximum of 98 residents. The facility offers 39 single-occupancy dual-purpose bedrooms and 45 care suites under occupation right agreements. Because the care suites can accommodate couples, the maximum number of 98 residents allows for an extra fourteen residents to receive rest home or hospital level care in their apartment. On the day of audit, there were 65 residents. Of these, 41 were receiving rest home level of care (one was funded by ACC), and 24 residents were receiving hospital level of care. There were no respite residents or people under the age of 65 years. Two of the care suites were accommodating a couple, but only three of the four residents were receiving hospital or rest home care.</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</p>	<p>PA Low</p>	<p>Oceania has well-embedded and planned quality and risk management systems that reflect the principles of continuous quality improvement. These systems are rolled out to each care centre, including St Johns. The Clinical and Care Directorate within Oceania is overseen by the director of clinical and care services. The Directorate (which works in partnership with regional operations and care centre leaders) includes, but is not limited to, nurse practitioners, a clinical specialist dementia,</p>

<p>on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>two national quality clinical managers, a quality assurance and improvement manager, a national clinical education manager and support staff. This team provides monthly clinical and quality reports to the board that include a summary of key metrics, events, updates, and risks relating to service delivery across all Oceania care centres. Robust quality and risk systems were confirmed through interviews with two members of the quality directorate who were on site during the audit, and through a sample of reports to the board, including the August 2025 National Clinical Quality Report, the general manager's monthly reports to the national executive team, and other quality monitoring documents such as incident reports and various meeting minutes.</p> <p>Quality and risk management at the care centre level includes reviewing and sharing of information with staff about incidents and complaints, internal audit activities and monitoring of outcomes, satisfaction surveys, policies and procedures, and clinical events including infections and restraint usage.</p> <p>Residents, whānau and staff contribute to quality improvement through six-monthly satisfaction surveys and other forms of feedback, such as the complaints process, two-monthly residents' meetings, and ad hoc informal discussions. Outcomes from the May 2025 satisfaction survey revealed a decrease in satisfaction with meals compared to the November 2024 results. Details are provided in the evidence for the corrective action in criterion 2.2.1. The actions taken in response to the May results had not fully resolved the matter. Relevant corrective actions for gaps that are identified through the clinical internal auditing processes, are however developed and implemented to address shortfalls. Improvement is required to ensure that all corrective actions implemented have remedied the issues before closing the action plan. Other than that, progress against quality outcomes is evaluated.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. There is a corrective action in criterion 2.3.3 related to staff completing cultural competencies.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>
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		<p>contractual requirements and were current.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Different areas of the care centre risk/hazard plan are reviewed at every health and safety meeting to ensure there is a complete review of the plan every 12 months. New risks were being added when they were identified.</p> <p>Staff aim to document 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. However, a corrective action has been raised under criterion 2.2.5 relating to the accuracy of risk ratings and Severity Assessment Codes (SACs).</p> <p>The general manager and senior clinical staff understood and have complied with essential notification reporting requirements. There have been no police investigations, coroners' inquests, or issues-based audits. Notifications to Public Health regarding the August 2025 COVID-19 outbreak had occurred, as had notifications of an unstageable pressure injury and fractures to the Health Quality & Safety Commission during this calendar year. The appointment of the new clinical manager was advised to HealthCERT in 2024 under Section 31 of the Health and Disability Services (Safety) Act 2001.</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>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>PA Low</p>	<p>There is 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 CM adjusts staffing levels to meet the changing needs of residents. There were sufficient staff on duty to meet the needs of the current 65 residents. Discussions with the general manager about future workforce requirements, (now that more care suites have been sold but not yet occupied) revealed suitable ratios of staff to residents are planned. Recruitment and employment for additional RNs and HCAs had commenced.</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service</p>

	<p>delivery are met. Those providing care reported that there were adequate staff to complete the work allocated to them. One staff member mentioned weekend shifts not always being backfilled when rostered health care assistants (HCAs) called in sick. The general manager conducted an on-the-spot review of the previous two months' rosters, which found two shifts short-staffed. There is a casual pool of HCAs, and in most instances, HCAs working shorter shifts could be called on to back-fill unexpected absences. Residents and whānau stated that the number of staff available at all times was acceptable to them. Some mentioned late responses to call bells, but the system for testing this and an onsite test did not reveal any issues. See subsection 4.2.</p> <p>At least one staff member on duty has a current first aid certificate, and rosters for August, September and October 2025 confirmed there was 24/7 RN coverage at St Johns.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>St Johns Wood follows the Oceania continuing education plan, which is updated annually and includes mandatory training. Continuing education supports equitable service delivery. This is planned on an annual basis, and all care and non-clinical staff are expected to attend a 'GEM' study day once a year. These mandatory training days include education on medico-legal topics such as consumer rights, informed consent, privacy, advance directives, advocacy, enduring power of attorney, cultural safety, and learning about Te Tiriti o Waitangi and equity. Training also covers infection control, restraint, health and safety (including manual handling), and a range of resident care topics. Registered nurses (RNs) attend at least eight hours of RN professional development annually. Individual staff competencies are assessed each year and include hoist use, manual handling, hand hygiene, donning and doffing of personal protective equipment (PPE), de-escalation/restraint, and medication management (where this is a requirement of the role). Current research informs the education provided.</p> <p>High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care</p>
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		<p>delivery. Oceania has invested in the development of organisational and health care worker health equity expertise, but not all staff were attending regular training. The review of staff files identified that five of 10 staff had not completed annual cultural safety/competencies and that activities staff were not up to date with knowledge about consumer rights and advocacy services. There is an improvement required in criterion 2.3.3.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with their funder, Health New Zealand – Te Whatu Ora.</p> <p>Individual training records are reviewed for completeness as part of each staff member's annual appraisal.</p> <p>Staff reported feeling well supported and safe in the workplace.</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 resource management policies and processes are based on good employment practice and relevant legislation. The sample of staff records audited confirmed the organisation's policies were being consistently implemented. Current annual practicing certificates were sighted for all employed and contracted registered health professionals. There was evidence of recruitment, job descriptions, validation of qualifications, and a comprehensive orientation specific to the role. Recently employed staff stated that their orientation prepared them well for their roles. The files contained proof that each staff member had completed an induction/orientation programme, which included health and safety and emergency preparedness and processes.</p> <p>Staff performance is reviewed and discussed at regular intervals. An initial 90-day review with each new staff member occurs. Each staff file contained proof of a performance appraisal conducted in the past 12 months.</p> <p>Ethnicity data is collected and used in line with health information standards at a national level. Staff records are stored securely.</p> <p>There had been no serious incidents or challenging situations since 2023, where personal support, debrief and discussions with staff had</p>

		been required. There are documented processes for this.
<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>St Johns Wood maintained quality records that complied with relevant legislation, health information standards, and professional guidelines. Most resident and staff information is held electronically, and these were username- and password-protected. Residents' files were integrated and mostly electronic, with some paper copy documents that were scanned into the resident's record (e.g., EPOAs). Access was limited dependent on the role of the person in the service. Any paper-based records were held securely, appropriately archived, and destroyed after the required holding period, and only available to authorised users. Data collected included ethnicity data for residents and staff.</p> <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. Consent was sighted for data collection.</p> <p>St Johns Wood is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</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>	FA	<p>Residents were admitted into St Johns Wood when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the levels of care the service provides, and when they had chosen St Johns Wood to provide the services they require.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. St Johns Wood collected ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their whānau.</p> <p>St Johns Wood had developed meaningful partnerships with local Māori</p>

		<p>to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations. When admitted, residents had a choice over who would oversee their medical requirements. While most chose the main medical provider to St Johns Wood, residents were enabled to request another provider to manage their medical needs if desired.</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 at St Johns Wood works in partnership with the resident and whānau to support wellbeing. A nurse practitioner (NP) is employed and is on site daily and as needed. The NP is supported by the organisation's team of NPs, with expertise in a range of areas, in addition to support from a general practitioner at the local medical centre and Taupo Hospital. A physiotherapist visits weekly, and is accessible at other times, to support residents in maintaining optimum health. A podiatrist visits on a regular basis. Additional specialists' support is accessed as needed.</p> <p>The audit included a review of nine resident files. These included residents receiving care in care suites, residents with diabetes, residents with a pressure injury, residents who fell frequently and had an unwitnessed fall, residents with behaviours that were a challenge, residents who identified as Māori, residents who self-administered medications, residents requiring restraint, and residents with several comorbidities. 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 considers 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 is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual/policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff,</p>

	<p>people receiving services, and whānau.</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 is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Evidence verified that residents who had unwitnessed falls were assessed by a registered nurse (RN) at the time and ongoing. Neurological observations were recorded for the required timeframes and in accordance with policy. Whānau were notified. Residents with challenging behaviours had assessments and behaviour plans in place. Behaviour monitoring evidenced the effectiveness of the plan. A resident with an unstageable pressure injury had an assessment and a wound management plan. Treatment was provided as requested, and the pressure injury had healed. Measures to prevent recurrence were in place. A resident requiring restraint had the required assessments, consents, reviews and monitoring to ensure their individualised needs were not compromised and that they remained safe. Residents and whānau confirmed active involvement in the process</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in St Johns Wood service development, deliver services that give choice and control, and remove barriers that prevent access to information. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Interviews with whānau of residents expressed satisfaction with the care provided at St Johns Wood; however, dissatisfaction with the food was noted (refer 2.2.1). Residents and their whānau were actively involved in planning care and in ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided and the responsiveness of staff to residents' needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care residents require, including the cultural aspects of the care required for Māori residents. An interview with the NP, who is employed by Oceania expressed satisfaction with the care provided by the staff at St Johns Wood. An interview with the physiotherapist identified that residents were happy. The physiotherapist assesses all residents and</p>
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		<p>puts a plan in place to enable them to meet their goals. Several residents participate in exercise classes. The physiotherapist complimented the staff's support in assisting residents to maintain the required regime when the physiotherapist was not on site.</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 two diversional therapists (DT) and part-time guest services coordinator provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life, six days a week.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Matariki, Māori Language Week and Waitangi Day celebrations were acknowledged.</p> <p>The activities staff arranged frequent participation by local community organisations and outings in the facility's van three times a week. Entertainers, schools, and church groups visit the service.</p> <p>Satisfaction surveys and resident meeting minutes evidenced residents and their whānau were satisfied with the activities provided at St Johns.</p> <p>Documentation sighted showed that residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they had input into the programme, and that the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines had been assessed as competent to perform the function they manage;</p>

<p>with current legislative requirements and safe practice guidelines.</p>		<p>competencies had been checked annually. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness was noted in progress notes.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medicine reconciliation occurred. All medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>Medicines were stored safely, including controlled drugs, and managed in accordance with best practice guidelines. The required stock checks were completed. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP/NP were recorded on the medicine chart. Residents, and their whānau (as applicable), interviewed stated that medication reviews and changes are discussed with them. Standing orders were not used at St Johns Wood. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications. Over-the-counter medication and traditional 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>FA</p>	<p>The culturally themed food service provided at St Johns Wood was planned and implemented by the organisation's own dietitian, in line with recognised nutritional guidelines for older people.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with a Ministry of Primary Industries (MPI) Multisite-approved food safety plan and registration. A verification</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>audit of the food control plan was undertaken on 5 March 2024. Two corrective actions identified during the food control plan audit have been addressed, and the plan was verified for 18 months. The plan was due for re-audit on this month.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>The midday and evening meals offer several meal options for residents to choose from. A book in the dining room enables residents to provide feedback to the cook on the meal provided that day. The feedback was observed to be negative.</p> <p>Despite the residents personal food preferences, special diets, and modified texture requirements being accommodated in the daily meal plan, residents expressed dissatisfaction with meals provided by St Johns Wood. This was verified on the days of audit, by resident and whānau interviews, the May 2025 satisfaction surveys, resident meeting minutes, and observation in the dining room of residents not eating their meals. The main issue identified was concerns regarding the food, were not addressed (refer 2.2.1).</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Opportunities were provided for residents and whānau to be involved in food preparation.</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</p>	<p>FA</p>	<p>Transfer or discharge from St Johns Wood was planned and managed safely to cover current needs and mitigate risk. When a resident required to be transferred or discharged, a plan was developed with coordination between services and in collaboration with the resident and whānau. An interview with a resident who was recently transferred confirmed they were kept well informed throughout the process.</p> <p>Residents and whānau were advised of their options to access other health and disability services, social supports, or kaupapa Māori</p>

<p>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>		<p>services if a need was identified.</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>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents’ physical environment and facilities (internal and external) are fit for purpose and well maintained, and that they meet legislative requirements. There is a current building warrant of fitness with an expiry date 15 October 2025. The maintenance officer follows a planned maintenance schedule. Evidence of monthly maintenance and compliance checks—including call bells, wheelchairs and hoists, hot water temperature testing, egress, emergency systems, and inspection of internal and external areas—was confirmed through staff interviews and completed maintenance records. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is occurring regularly, and as required when residents bring in their own electrical devices. Servicing of medical and biomedical equipment occurs regularly by external contractors. This most recently occurred in April 2025.</p> <p>The building is modern, with care suites and care rooms that can be used for rest home or hospital level of care residents. One care room is certified as rest home only. All bathrooms including care suites have an accessible ensuite, bathroom/toilet and there are additional toilets for staff and visitors. Each bedroom and the care suites allow sufficient natural light from large opening windows and ranch sliders. The care suites include a kitchenette (without an oven), balcony, and ceiling hoist. The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. A Māori resident interviewed stated they felt very comfortable in the home. The Code is on display in English and te reo. Cultural art works and bilingual signs are in place.</p> <p>Residents and whānau stated they were satisfied with the environment, including heating and ventilation, privacy, and maintenance. Residents and whānau are consulted and involved in the design of any new</p>

		<p>buildings. There are no plans for new construction of buildings. The organisation and the general manager are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan was most recently reviewed and approved by Fire and Emergency New Zealand (FENZ) on 2 June 2023, when modifications to the two-storey care suites were completed.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water (20,000 litres) for all residents and staff for at least three days, battery- and friction-operated radios, torches, food supplies, blankets, and other items that may be needed. There is an emergency lighting system installed, and the kitchen and hot water systems are powered by gas. Interview with maintenance staff confirmed how care and support services would continue in the event of a power outage or civil defence event. There had been no such events since the previous audit in 2023. St Johns Wood has received approval to purchase a trailer generator that can be moved between the two Taupo sites. This is expected to be in place by the end of 2025.</p> <p>Fire suppression systems are in place and are tested monthly by an external company. A trained fire warden is allocated for each shift, and trial fire evacuations occur at least every six months. The most recent fire drill occurred on 4 September 2025. The building is designed and separated into fireproof cells, allowing staged evacuations. An emergency chair for transferring older people is in each stairwell.</p> <p>All RNs are expected to maintain a current first aid certificate, as do senior care staff, the activities team members, and other specific staff. There is always at least one RN on site 24/7 (most shifts have two RNs) and at least one other staff member with a current first aid certificate is at work.</p>

		<p>Call bells alert staff to residents requiring assistance. Some residents and their whānau reported concerns about staff response to call bells. The call bell system is tested monthly for both functionality and response times. A test conducted during the audit resulted in a staff member responding within two minutes and 45 seconds. The system includes an inbuilt alert that notifies the clinical manager if a call bell is not deactivated within three minutes. This is escalated to the national clinical quality manager's cell phone if it is still armed after five minutes, and then on to the director of clinical care after seven minutes.</p> <p>Appropriate security arrangements are in place. External doors are locked automatically each evening, and a security patrol service checks the grounds at night. Residents stated they were familiar with emergency and security arrangements.</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 IP and AMS programme governance.</p> <p>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>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy), who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.</p> <p>St Johns Wood has IP and AMS outlined in its policy documents. The board collects data on infections and antibiotic use, including ethnicity data, which is analysed at both the facility and national level to support equity within the service and across the wider Oceania group. Infection prevention (IP) and antimicrobial stewardship (AMS) activities are supported at governance level by clinically competent specialist personnel, who ensure that IP and AMS are appropriately managed at the facility level and provide support to facilities as required.</p> <p>Expertise and advice are sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board</p>

		meetings.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) at St Johns Wood is responsible for overseeing and implementing the IP programme with reporting lines to the CM, who reports to senior management and the governance group. The IP programme has been approved by the governing body, is reviewed yearly and reported on. The IPCC has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. Their advice has 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 (IPC) and AMS policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice at St Johns Wood could be accessed through the organisation’s cultural safety policy, the Pacific health policy, and the organisation’s cultural advisor. Staff who identify as Māori and speak te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services. External te reo Māori interpreter support is available should this be required.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in their use.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual single-use items were discarded after being used.</p>

<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>	<p>FA</p>	<p>St Johns Wood had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. It has been developed using the evidence-based expertise and was approved by the governance body. The AMS programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials is promoted at St Johns Wood, with the prescriber retaining overall responsibility for prescribing. Monthly records of infections and prescribed antibiotic treatments are maintained, and these records include ethnicity data, which is analysed to support equity. The effectiveness of the AMS programme has been evaluated by monitoring both the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in antibiotic use and the identification of ongoing areas for improvement.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the IC programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and the governance body, and where necessary, recommendations for improvement are identified. The health care-associated infections (HAIs) being monitored include, for example, infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms.</p> <p>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 service providers and those residents experiencing a health care-associated infection (HAI) was culturally safe, and these were documented.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at St Johns. Suitable PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Handwashing facilities and sterilising hand gel were available throughout the facility. Staff were observed to follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning and laundry processes identified the methods, frequency, and materials to be used in cleaning and laundry processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning and laundry chemicals and equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme of the built environment. Staff involved have completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</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>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates 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 (a bed rail while in bed). The use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint process. There are clear lines of accountability, the restraint in place had been approved by the resident's EPOA, and the overall use of restraint was being monitored and analysed by the CM. Whānau/EPOA participate in decision-making.</p> <p>Criterion 6.1.2 is outside the scope of this service and was not audited.</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> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>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>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessment, monitoring, and evaluation of the restraint use were documented and met all requirements of the standard. Whānau confirmed their involvement, and access to advocacy is facilitated if needed.</p> <p>Monitoring of restraint is overseen by the CM, who is the nominated restraint coordinator. Monitoring takes into consideration the person's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed every two months on site and by the wider Oceania restraint group. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>Policy clearly describes situations where emergency restraint may be required and the processes to be followed should a situation occur, including a timely debrief. There has been no emergency restraint used since the previous audit.</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</p>	<p>FA</p>	<p>The restraint coordinator undertakes a six-monthly review of all restraint use, which includes all the requirements of the standard. The outcome of the review is reported to RNs and care staff, and up to the national restraint group and the governance body. Any changes to policies, guidelines, education, and processes are implemented, if indicated. The</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. 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>use of restraint has been consistent at St Johns Wood for the past five years, with either no restraint or one person requiring a restraint intervention.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	<p>There is executive commitment to quality and risk management systems, which staff and residents are invited to participate in.</p> <p>Some residents' willingness to participate in feedback mechanisms has been negatively impacted, according to a group (seven of 19) of residents interviewed. They stated that they had been complaining about food services (and other matters) since 2024 and expressed futility around resolving these matters.</p> <p>The dissatisfaction expressed by residents was confirmed through review of various documents such as surveys, complaints received, corrective action plans, and resident, staff and quality improvement meeting minutes. There was a formal complaint about meals received by a resident on 4 October 2024. This was acknowledged</p>	<p>Corrective actions were not always being evaluated for effectiveness after implementation and before closing the quality gap.</p> <p>Resident meeting minutes did not document resolution of matters previously raised, or that information on resident rights and access to advocacy had been shared.</p>	<p>Ensure the effectiveness of corrective actions is evaluated to confirm that identified service deficits have been remedied.</p> <p>Ensure the matters raised by residents at their meetings are revisited at subsequent meetings and that the minutes reflect these discussions.</p> <p>180 days</p>

		<p>on the same day, investigated by the kitchen manager, and the matter was closed by the end of October. Results of the May 2025 resident satisfaction survey showed significant dissatisfaction with food services. Frequent and numerous concerns ('grumbles') were also noted in the daily meal feedback book located in the dining area.</p> <p>Of the 27 people who responded to the May survey, 18.52% disagreed that meals were well presented on the plate, 14.81% disagreed that meals kept them full, 38.46% disagreed that the seasonal menu provided them with good meal choices, 18.52% disagreed that food was always hot, and 15.38% disagreed that meals met their cultural needs.</p> <p>A corrective action plan dated early September 2025 identified three actions to be implemented following the survey. These included the purchase of a 'hot box' for delivering meals to residents in their rooms, and discussion with the kitchen manager, who undertook to investigate and meet with individual residents. The other action was to help residents understand what was meant by the survey question about seasonal menus offering them good meal choices. These actions had been implemented, but the outcome of the remedial actions had not been evaluated for effectiveness before the corrective actions were closed.</p> <p>On the days of audit, residents were still raising concerns about the temperature of meals being delivered, and some stated that there was no variety in the mid-meal snacks offered (too many muffins) and these were</p>		
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		<p>not always palatable. The general manager said they had advised residents to eat meals in the dining room if they wanted the 'best' experience, and this was documented in resident meeting minutes. It was thought that frequent opening of the hot box was lowering the temperature of meals. Subsequently, the clinical auditor identified that meal temperatures were not being taken after plating (only during the cooking stage). The general manager had also presented results of the satisfaction survey to residents at their 10 September meeting, but the minutes did not itemise any discussions about these. Management stated that there were no issues with meals at the other care centre, even though residents there had the same meal choices and food services were delivered under the direction of the same kitchen manager.</p> <p>Not all aspects of service delivery monitoring require improvement. Service deficits/gaps identified through the internal audit process had reliably time-framed and relevant corrective actions documented, and there was sufficient written and observable evidence confirming how deficits had been rectified. In most instances, the same internal audit was repeated to check that improvement had occurred.</p> <p>More evidence of resident participation not yielding improvements was sighted in the sample of minutes from the bi-monthly resident meetings (May, July and September 2025). The minutes did not record discussion of any matters raised at previous meetings or the actions taken to address matters. The minutes were also lacking proof that residents</p>		
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		<p>were being reminded of their rights or access to advocacy (there is a corrective action related to staff knowledge and education about consumer rights in criterion 2.3.3). Interview with the activities team that runs the meetings confirmed they were not aware of their obligations to remind and support residents with enacting their rights.</p>		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Incident reports sampled (July to September 2025) contained clear descriptions of the event, actions taken at the time, people notified about the event, and any other follow-up. Incident data was collated and analysed for trends and used for systems learnings by being shared and discussed at RN meetings, quality, health and safety, and staff meetings. Specifics about the data (falls, wounds, infections) were also displayed as pictorial graphs at nurse stations and in the staff room. A significant number of events had been risk-rated incorrectly. For example, an unstageable pressure injury was assigned a Severity Assessment Code (SAC) rating of 4, when it should have been rated SAC 2. Conversely, insignificant events were being rated as SAC 1.</p>	<p>The SAC risk ratings attributed to adverse events were incorrect.</p>	<p>Ensure that events are risk-rated according to the National Adverse Events Reporting Policy as per the guidelines provided.</p> <p>180 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people</p>	PA Low	<p>There was evidence of some ongoing training in all 10 staff files reviewed; however, there were no records for five staff showing they had attended a GEM study day (where cultural competency, health equity, and resident rights were addressed) for over 12 months. Annual attendance at GEM study</p>	<p>Not all staff had attended a GEM study day within the past 12 months, where training on cultural safety, understanding the Treaty of Waitangi, and health equity and consumer rights is presented.</p>	<p>Implement an effective process that checks and monitors all staff attendance at their expected and relevant training opportunities.</p>

equitably.		<p>days is required for care staff and non-clinical staff to maintain knowledge and competencies. The clinical manager is responsible for the planning and arranging of staff training. An annual education calendar is distributed, and staff are supported to attend ongoing training. Attendance at training is logged in an electronic registry (LMS) from which reports can be run. Printed reports that showed attendees at each training event, such as first aid, wound management, currency of annual practicing certificates, infection prevention and restraint were reviewed on site. But there is no process for quickly identifying when individual staff are overdue for training. Management stated a 'master type' attendance report for all staff could be generated from the system. Further to this, interviews with activities staff and review of resident meeting minutes identified gaps in knowledge and no process for ensuring residents are regularly reminded of their rights or how to access advocacy services.</p>		180 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.