

CHT Healthcare Trust - St Johns Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	St Johns Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 15 September 2022 End date: 16 September 2022
Proposed changes to current services (if any):	The table above states the service provides rest home level care. The service provides dementia level care, not rest home level care
Total beds occupied across all premises included in the audit on the first day of the audit:	82

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 tatou 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

CHT St Johns is owned and operated by the CHT Healthcare Trust. The service cares for up to 90 residents across three service levels (hospital, residential disability, and dementia level care). On the day of the audit, there were 82 residents. Residents, relatives, and the general practitioner interviewed spoke positively about the service provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Te Toka Tumai. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, and staff.

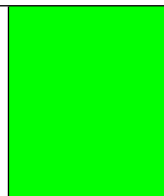
The unit manager (registered nurse) oversees the service with the support of the area manager and clinical coordinator. There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service is meeting the intent of the standard.

The service is commended for achieving continuous improvement ratings around falls prevention and palliative care.

Ō tatou 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.



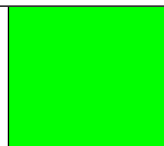
Subsections applicable to this service fully attained.

CHT St Johns provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health and a cultural policy. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The business organisational plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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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Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated according to set timeframes.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents. Residents and whānau expressed satisfaction with the activities programme provided.

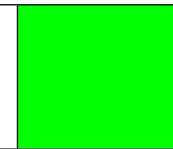
There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

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

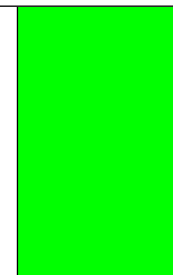


Subsections applicable to this service fully attained.

The facility meets the needs of residents and is clean and well maintained. There is a current building warrant of fitness (BWOFF). A reactive and preventative maintenance programme is implemented. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities. Resident rooms are personalised, and communal facilities are appropriate. Staff are trained in emergency procedures, use of emergency equipment, and attend regular fire drills. Staff, family, and contractors understood emergency and security arrangements. Sensor mats are in place and connected to an intercom system. Security is maintained.

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

Includes 5 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 implemented infection prevention control and antimicrobial stewardship programme is appropriate to the size and complexity of the service. The clinical coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated a good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Antimicrobial usage is monitored.

Surveillance of infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The governance group is aware of their responsibilities in relation to restraint elimination and aim for a restraint-free environment. This is supported by policies and procedures. There were three residents using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring. Education on restraint has been undertaken.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	2	160	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged, as evidenced during interviews. During the audit there were residents who identified as Māori living at the facility. A Māori resident interviewed confirmed the contents of their care plan, which included a cultural assessment. Sampling evidenced whānau and the residents had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>The unit manager stated that she aims to support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at CHT St Johns. At the time of the audit there were staff members identifying as Māori. (Link also to 2.1.6; 2.1.5; and 2.1.9).</p>

		Seventeen care staff interviewed (twelve healthcare assistants, three registered nurses (RNs), and two activity coordinators) described how care is based on the resident's individual values and beliefs. The service has links to Te Whanau O Waipareira and is continuing to establish a relationship with the local Ngāti Whatu Marae.
<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>	FA	<p>The organisation has a recently revised cultural policy that encompasses the needs of Pasifika. The organisation is working on developing a Pacific health plan to ensure cultural considerations for Pasifika residents are embraced.</p> <p>There were Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered are documented. The service captures ethnicity data during the admission process. Staff describe how the resident and the whānau are encouraged to be present during the admission process including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p> <p>The service is actively recruiting new staff and consults with current Pasifika employees to access community links and continues to provide equitable employment opportunities for the Pasifika community. There are a number of staff who identify as Pasifika employed in the service.</p> <p>Interviews with twenty-one staff (17 care staff, chef, kitchen hand, cleaner and property services manager), six hospital residents, and seven family (four with family in the dementia unit and three hospital) and documentation reviewed identified that the service puts residents and family/whānau as the guiding core of their services.</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-</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English. Individual copies are readily available in a pamphlet stand at reception in te reo Māori, Māori Cook Island, Samoan and Tongan. Details relating to the Code are included in the information that is provided to new residents and their relatives. The unit manager discusses aspects of the Code with residents and their</p>

<p>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>relatives on admission.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. The families interviewed reported that the residents' rights are being upheld by the service. They confirmed that the residents are treated with respect and that their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents/families. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana Motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau in the facility.</p> <p>Young people with disabilities are encouraged to maintain their personal, gender, sexual, cultural, religious, and spiritual identity, as evidenced in activities care plans and confirmed on interview.</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>The healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Families and residents interviewed stated they are given choice and are supported to make decisions about whether residents would like family/whānau members to be involved in their care, or other forms of support with examples provided.</p> <p>The CHT St Johns annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys have been completed monthly up to and</p>

		<p>including July 2022. Surveys confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori and tikanga Māori, and staff attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</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>An abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT St Johns are expected to uphold. CHT St Johns policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The</p>

		<p>service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short, and long-term objectives in the CHT Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities and institutional racism.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Paper-based accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified relatives are kept informed, and this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a</p>

		<p>multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Language and communication needs and use of alternative information and communication methods are available and used where applicable, as evidenced with pictorial translation cards. Māori language week was celebrated during audit with a selection of common phrases and greetings posted on noticeboards in all areas with the te reo translation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or power of attorney/welfare guardian. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where appropriate. Certificates of mental incapacity signed by the GP were also on file for residents in the dementia unit. Residents in the dementia unit had activated EPOA documents on file.</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</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The unit manager maintains a record of all complaints, both verbal and written, using a complaint register.</p>

<p>I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes (for example, staff related, property related, quality of care). The complaint register logged three complaints post the 2021 audit and eleven in 2022 (year-to-date). Complaints logged include an investigation, follow up, and replies to the complainant. One external complaint received from Advocacy Services was fully resolved. No trends were identified.</p> <p>The Ministry requested follow up against aspects of a complaint that included 1.5 I am protected from abuse and 2.2 Quality and risk. There were no identified issues in respect of this complaint.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the combined staff/quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Residents/relatives making a complaint can involve an independent support person in the process if they choose to do so, including the involvement of whānau and or hui.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>St Johns is located in Epsom, Auckland and is part of Christian Healthcare Trust (CHT). CHT oversee sixteen aged care facilities in the North Island, four in the Bay of Plenty and twelve situated around Auckland. The service provides dementia care, hospital level care and residential disability - physical for up to 90 residents. On the day of the audit, there were 82 residents in total. There were 18 residents requiring dementia care (a 20-bed unit), and 64 hospital level residents, including 7 younger persons under 65 years of age at hospital level with physical disabilities. There were two residents under respite care in hospital care. Residents in the hospital, apart from the seven under a residential physical disability care contract,</p>

<p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>are under the Aged Related Care contract.</p> <p>CHT has an overarching strategy map with clear business goals to support organisational credo. The business plan has been replaced by an organisational plan effective from June 2022. Key values of compassion, companionship, care comfort and connectivity underpin the organisational plan with a focus on residents, community, service delivery, the environment, staff and CHT processes. CHT's key business goals are to provide equal access to aged care services and to offer a truly resident focused experience. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of residents. CHT premium rates and room sizes are in line with these principles, supporting their aim to be a low-cost provider of aged residential care services.</p> <p>The organisational plan (June 2022 to March 2027) includes values and operational objectives with both organisational and site-specific goals related to community connections, resident satisfaction, staff satisfaction and the environment. Regular milestone reports ensure unit managers are up to date with progress and achievements. The unit manager reports to the area manager.</p> <p>The governance body of CHT charitable trust consists of six trustees. Each of the trustees contributes their own areas of expertise to the Board including legal, accounting, medical, human resources, marketing, and business management. The Chairman of the Board has held this position for nine years. The CEO has been in the role for over one year and is readily available at any time. The area manager interviewed explained the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The Quality, Health & Safety Committee (QHSC), which is a sub-committee of the Board and reports to the Board, includes 'Monitor CHT's compliance with its policies and procedures on quality, health and safety and relevant legislation and contractual requirements', as a part of its responsibilities.</p>
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		<p>With the introduction of the Ngā Paerewa Health and Disability Services Standard, the Senior Management Group has developed an action plan to ensure the successful implementation of the Standard. The governance body are overseeing this via a standing agenda item on the QHSC.</p> <p>CHT's Māori Health Plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document.</p> <p>One of the actions from this plan is to develop meaningful relationships with kaumātua/kuia at governance, operational and service level. They look to achieve this through involvement with Māori Health units at Te Whatu Ora, local Māori dignitaries and iwi and hapu. This action is a work in progress.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the monthly staff/quality meetings.</p> <p>The unit manager (registered nurse) has been in the role for sixteen years. She is supported by an area manager, an experienced clinical coordinator and by the registered nurses on site.</p> <p>The unit manager and clinical coordinator have completed more than eight hours of training related to managing an aged care facility and include privacy related training, CHT specific business, cultural and restraint training. The clinical coordinator and an RN are Careerforce assessors.</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>FA</p>	<p>CHT St Johns has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed six-monthly by the area manager. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected and</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>sent to head office, where the data is benchmarked within the organisation and results are shared in staff meetings.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints, compliments, staffing, and education. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved.</p> <p>Resident/family satisfaction surveys are completed monthly with the aim of covering all residents and families in a calendar year. Surveys completed in 2021 and 2022 reflect high levels of resident/family satisfaction, with consistent scores of four or five out of five for most categories surveyed. A small number of responses were slightly lower around food services, housekeeping, and activities. Management advised and meeting minutes confirmed that the service has addressed areas of concern with the external kitchen, laundry, and cleaning contractor. Quality meeting minutes reflect ongoing monitoring of these areas. Interviews with residents and family were all positive and complimentary of all aspects of the service at CHT St Johns. The activities meeting minutes identify discussion and an improvement plan to address the individual concerns raised in the survey responses.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard. Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori, and to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>A health and safety system is being implemented with the service having three health and safety representatives. One of the representatives has completed external health and safety training and the unit manager advised that the service is actively sourcing further training for all representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or</p>
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		<p>incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Individual falls prevention strategies are in place for residents identified as at risk of falls. A physiotherapist is contracted for eight hours per week. Strategies implemented to reduce the frequency of falls include intentional rounding, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The registered nurses evaluate interventions for individual residents. Hip protectors are available for at risk residents who consent to wearing them. Residents are encouraged to attend daily exercises. Fifteen accident/incident forms reviewed for September 2022 (unwitnessed falls, bruises, a skin tear, and challenging behaviour) indicated that the forms are completed in full and are signed off by the clinical coordinator or the unit manager. Incident and accident data is collated monthly and analysed by both the unit manager and the area manager. Results are discussed in the staff/quality meetings. Neurological observations are consistently recorded for unwitnessed falls. CHT St Johns have been awarded a continuous improvement rating for falls reduction.</p> <p>Discussions with the unit manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. Four section 31 notifications related to three unstageable or stage IV pressure injuries and one unexpected death had been submitted in 2021. In 2022, twelve section 31 section reports were completed to notify HealthCERT of nine instances around issues relating to RN cover, two events involving police and one stage IV pressure injury. There had been two outbreaks documented since the last audit (Covid outbreaks in Feb 2022 and May 2022). These were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on</p>

<p>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>duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by bureau staff, available healthcare assistants, nurses, and casual staff. The service has implemented a risk management strategy to manage risks related to RN shortages. The risk management strategies include upskilling of HCA's and use of bureau staff when available. Out of hours on-call cover is shared between the unit manager and clinical coordinator. The clinical coordinator with the support of the area manager will perform the unit manager's role in her absence.</p> <p>At the time of the audit, the service had two full time equivalent (FTE) RN positions vacant, with active recruitment strategies in place. Head Office have formed an alliance with two competency assessment programme (CAP) providers and are actively assisting overseas RNs to gain NZ work visas.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The unit manager (RN) and the clinical coordinator is available Monday to Friday.</p> <p>The facility is divided into 11 suites. Suites 1-5 have eight beds each, suite 6 is reception/administration, suites 7, 10 and 11 (upstairs) have 10 beds and suites 8 and 9 (dementia care) have 10 beds each. There are two unoccupied beds in the dementia units and six spread across the suites (hospital level of care).</p> <p>There are three RNs on morning shifts that are allocated to the suites as follows: one to suite 2 to 5; one to suite 1, 7, 11; and one (clinical coordinator) to suite 8, 9, 10. A registered nurse is rostered from 12pm to 8.30pm and they take over from the clinical coordinator in the dementia suites.</p> <p>There are three RNs on the afternoon shift until 8.30pm and two until 11pm, and they split the suites between them. There is one RN on</p>
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		<p>night shift to cover the suites.</p> <p>There is a primary HCA shift 7am to 3pm and a 3-11 in each suite in the afternoon in the dementia unit. There is a 'float' between the units in the morning (8am-1pm) and an activities coordinator in the dementia unit (1pm to 7pm).</p> <p>In the hospital in the 10 bed suites (7, 11, 10), there is one HCA and a 'float' from 8am to 1pm.</p> <p>For suites 1–5 (eight beds each suite), there is an HCA in each in the morning with three 'floats' (8am to 1pm). All hospital suites have an allocated HCA with two 'floats' on a short shift between allocated suites. When fully staffed with registered nurses, there are two on AM and PM shifts and one on night shift. However, currently registered nurses work 12 hour shifts 07.00-19.00 and 19.00-07.00 for four days on and three days off. The registered nurses interviewed confirmed the suitability of this shift pattern for both residents and staff.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Altura and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in May 2022 which focused on the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage them to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through the DHB, hospice and the organisation's online training portal which can be accessed on personal devices.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. The CHT St Johns orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Forty HCAs have achieved a level 4</p>
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		<p>NZQA qualification, three have a level 3, and one level 2.</p> <p>Eighteen HCAs are currently rotated through the dementia unit. Seventeen have completed the four limited care pathway (LCP) dementia unit standards, with the new staff member enrolled and ready to commence.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include subcutaneous fluids, syringe driver, catheterisation, and interRAI assessment competency. Five RNs (including the unit manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant quality/staff and clinical meetings when possible.</p> <p>The service encourages all their staff to attend meetings (eg, staff/quality meetings). Resident/family meetings are held monthly in each suite and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. The environment is checked in the 'monthly health and safety inspection as part of the core standards' internal audit. Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Eight staff files reviewed (one clinical coordinator</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>and infection control nurse, two RNs including a restraint coordinator, three HCAs including two health and safety representatives, and two activities coordinators) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietician). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori and enabling good lives.</p> <p>Volunteers are used but have been limited over the last two years since Covid. An orientation programme and policy for volunteers is in place. Students from Gateway, Unitec and Wesley programmes, CAP students and community-based future skills volunteers complete a code of confidentiality, fire safety and a student specific orientation which includes: Code of Rights, CHT policies, communication, health and safety, infection control, manual handling and management of accidents and incidents. The organisation partners with Volunteering Auckland to identify and encourage potential volunteers.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
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<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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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>	<p>FA</p>	<p>There is an implemented admission policy for the management of inquiries and entry to service. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies. Needs Assessment and Service Coordination (NASC) service authorisations were in place for residents assessed as requiring residential care including dementia level of care. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p>

		<p>The clinical coordinator reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The resident/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. The service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively working towards partnering with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau.</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>	FA	<p>All ten residents' files sampled identified that initial assessments and initial care plans were resident centred and completed within set timeframes. The files reviewed included: four hospital, four dementia, one respite (hospital) and one funded through the younger person disabled contract (hospital level). The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff.</p> <p>Cultural assessments had been completed by the nursing team who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. These were completed within the required timeframes as per the contracts. Initial interRAI assessments were completed within 21 days and ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau/EPOA, and GP involvement are encouraged.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals, and aspirations aligned</p>

		<p>with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Care plans detailed strategies to maintain and promote the residents' independence and wellbeing. Twenty-four-hour behaviour management plans for residents in the secure unit were completed and regularly reviewed to reflect residents' changing needs. All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments.</p> <p>The GP visits the service twice a week and is available on call when required. Medical input has been sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the GP. Residents' medical admission and reviews were completed.</p> <p>The clinical coordinator reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the GP, unit manager, nursing team, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>There was one active wound at the time of the audit. A wound folder was in place. The documentation for the one wound included: a completed wound care plan, wound assessments, and evaluations to guide the nursing team.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not</p>
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		<p>resolve in three weeks. Any change in condition is reported to the nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tangata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents who are assessed as young people with disability (YPD) had their needs identified and managed appropriately.</p> <p>A continuous improvement rating is awarded for the project that was initiated by CHT St Johns with support from the Poi (Palliative Outcomes Initiative) team/hospice team. The goal of the project was to reduce the number of residents' admission to public hospitals during their last days of life through proper assessment and family/whānau engagement.</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</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by one diversional therapist, and four activities coordinators. The programme runs from Monday to Sunday. The activities are based on assessments and reflected the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated, and resident meetings are conducted monthly. A lifestyle questionnaire detailing residents' life history is completed for each resident within two weeks of admission in consultation with the family and resident.</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>The activity programme is formulated by the activities team in consultation with the unit manager, nursing staff, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring hospital, dementia, YPD, and respite level of care. Residents assessed as requiring YPD care are involved in activities of their choice and reported that they have access to the Wi-Fi which enables them to use their electronic gadgets, participate in regular walks, massage, and outings.</p> <p>Activities sighted on the activity's planner included the following: newspaper reading, dancing, sing-along, ball games, sit exercises, karaoke, unit walking, men and ladies' groups, bingo, rock and paper art, Māori word search and crossword.</p> <p>Twenty-four-hour behaviour management plans for residents in the secure dementia unit reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed in a timely manner. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Van trips are conducted every two weeks in the mornings and afternoons except under Covid-19 national restrictions.</p> <p>The activities staff reported that there were residents who identify as Māori and opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating national, religious, and cultural festivals, Matariki, Anzac Day and Māori language week.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>There is an up-to-date medication management policy in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used</p>

<p>and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>for medication prescribing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP complete three-monthly medication reviews. Indications for use are noted for as needed medications, including over the counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>A total of 20 medicine charts were reviewed on the electronic medication management system and these included nine hospital, one respite, two YPD, and eight dementia respectively.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures are conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. Residents' medications in the hospital wing are stored in their respective rooms in locked lockers and these are checked regularly.</p> <p>The RN was observed administering medications safely and correctly in the hospital wing. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards in the secure dementia unit.</p> <p>There were no residents self-administering medicines. There is a self-</p>
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		<p>medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>Maori are supported to participate in te ao Maori.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The service uses an on-site contracted food service. There was an approved food control plan which expires on 7 April 2023. The menu was reviewed by a registered dietitian on 18 July 2022. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Resident dietary profiles were completed and updated every six months or as required. Residents are given a choice to select the meals they want on a daily basis. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers are maintained, and these are recorded on the electronic management system.</p> <p>EPOA/whānau/family and residents interviewed indicated satisfaction with the food service. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p>

		The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori also.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The clinical coordinator reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan will be developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and scanned onto the resident's electronic management system. If a resident's information is required by a subsequent GP, a written request is required for the file to be transferred.</p> <p>Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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</p>	FA	<p>The building has a current building warrant of fitness in place. The property maintenance manager oversees all maintenance issues for the CHT group. The maintenance person works over 16 hours a week. Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place. Maintenance requests are documented in a maintenance register that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged and clinical equipment has had functional checks/calibration undertaken annually (last checked on 5 August 2022). Hot water temperatures have been tested and recorded in</p>

<p>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>every resident room, laundry, and kitchen monthly.</p> <p>There are 10 suites, and each of these have big dining areas and a kitchenette. There are large and small lounges available. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade.</p> <p>Care staff interviewed stated they had adequate equipment for the safe delivery of care including weighing scales, pressure prevention mattresses, electric beds with high-pressure rating mattresses, and lazy boy chairs on wheels.</p> <p>All rooms are single ensembles. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. All bedrooms and communal areas have ample natural light and ventilation. All rooms have wall heaters and air conditioning is used. Staff and residents interviewed stated heating and ventilation within the facility is effective.</p> <p>There are sufficient communal toilets and showers to cater to all residents. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed their privacy is assured.</p> <p>The secure dementia outside area was secured with clear pathways for residents to freely walk about including a shaded area to sit.</p> <p>There were fitted hand rails in all corridors for support if required. External areas are well maintained and allow free access for mobility</p>
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		<p>aids. The lift had adequate space to accommodate a bed if required.</p> <p>All windows have security latches. Environmental temperatures were monitored regularly. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers, and utility areas having non-slip vinyl flooring.</p> <p>The service is actively working towards having cultural consultants regarding the planned building extension to ensure it reflects the aspirations and identity 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>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 27 May 2022. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continence products, and a gas BBQ meet the national emergency management agency recommendations for the region. There is a generator on site and this is serviced regularly. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and whānau confirmed that</p>

		<p>staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a Covid-19 screening questionnaire, rapid antigen testing (RAT), and temperature monitoring. Contact information is collected for tracing should this be required.</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>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Bug Control, and they meet annually with all CHT infection control staff following this review. Infection control audits are conducted. Infection rates are presented and discussed at quality and infection control meetings. Infection control data is also sent to head office where it is reported at monthly Board meetings. The data is also benchmarked with other CHT facilities. Results of benchmarking are presented back to the facility electronically (Qlik sense) and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and Te Whatu Ora Te Toka Tumai.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. Strict visitor controls</p>

		are in place and all staff perform rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of audit.
<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>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The designated infection control coordinator is supported by the unit manager. During Covid-19 lockdown there were regular zoom meetings with CHT head office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has attended training with the Te Whatu Ora infection control nurse specialist and online Altura education. There is good external support from the GP, laboratory, Bug Control and the DHB infection control nurse specialist. There is ample personal protective equipment. Extra PPE equipment is available as required. The infection control coordinator has input to purchasing supplies and equipment. Management reported the infection control coordinator and infection control specialist would have input if there were any plans or refurbishments taking place.</p> <p>The online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Bug Control in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. The service is working towards incorporating te reo information around infection control for Māori residents. Māori protocols are adhered to, and staff are able to describe these</p>

		<p>practices acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily care. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</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>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP is involved in monthly reviews of antibiotic use.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance</p>

with an equity focus.		<p>methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and the local DHB for any community concerns.</p> <p>There have been two Covid 19 outbreaks. One in February 2022 and one in May 2022. These were well documented. The facility followed their pandemic plan. All suites were kept separate, and staff were kept to one suite if possible. Staff wore PPE. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted.</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>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is one sluice room located centrally on the ground floor with sanitiser and goggles. All rooms have individual full ensuites. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All cleaning and laundry are contracted out. Laundry is processed off site. There is a designated area where dirty laundry is taken in bags to be picked up. Clean laundry is delivered back in bags to a clean area. Morning staff are responsible for unpacking the clean laundry and putting linen into linen cupboards and personal laundry into baskets before returning this to residents' rooms. The linen cupboards in each suite were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group are aware of their responsibilities in respect of restraint elimination, and restraint information is presented at</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>management and governance meetings. At the time of audit, three residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff received education in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Family/whānau, residents, and/or EPOA were involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <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>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard, including cultural requirements. Evaluations occur six-monthly or before if this is required. Family/whānau confirmed their involvement. Access to advocacy is facilitated as necessary and includes access to culturally appropriate advocacy services or people.</p> <p>A restraint register is maintained by the restraint coordinator and reviewed at each restraint approval group meeting. The restraint register contained adequate information to provide an auditable record.</p> <p>Policy and procedures include the requirements around emergency restraint and person-centred debrief. Processes are in place to ensure that, when debrief is required, an appropriate person can undertake the debrief, including culturally appropriate personnel.</p> <p>A file was reviewed for a resident who was using restraint. All risks and care interventions were identified in the care plan.</p> <p>Monitoring forms reviewed were consistently completed by RNs and care staff. All consents and assessments were in place and regularly</p>

		updated.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has been maintained at low rates since the last audit. Meeting minutes of the annual restraint meeting for all restraint coordinators, including unit managers from other sister facilities in December 2021 by the governance group, were sighted. These detailed benchmarking, trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	CI	In 2020, CHT St Johns identified an opportunity to reduce falls and the injuries caused by falls.	In March 2021 CHT St Johns joined a university research programme ‘Standing Upright’. The programme involved a group of residents. The programme commenced with initial individual assessments, twice-weekly physiotherapy exercises and weekly discussions during multidisciplinary meetings. Lighting levels were reviewed in all areas and recommendations made where applicable. Multidisciplinary meetings included involvement from the RN, HCA’s, physiotherapist, activities coordinator, clinical coordinator and/or the unit manager, the resident and family. In conjunction with the Standing Upright programme, CHT St Johns increased investment in pull string bed monitors, bed exit sensors, crash mattresses, pillow wedges and low electric beds. The service also introduced specific measures for residents identified with a high risk of falling including: hourly intentional rounding, footwear, medication reviews, established walk and rest routines. Staff training focused on moving and handling and hypervigilance.

			<p>Checks for thirst, hunger, and toileting, ensuring call bells available and check for anything else were also implemented.</p> <p>Trend's analysis shows falls and in particular falls without injury have continued a downward trend since February 2021. There was a total of 274 fall events for the 12-month period in 2021 with 68% of falls resulting in no harm. For 2022 to the end of August there have been a total of 113 falls for an eight-month period with 71% resulting in no injury.</p> <p>As a result of the initiatives implemented by CHT St Johns in association with the research programme, the service has been successful in reducing falls and related injuries.</p>
<p>Criterion 3.2.2 Care or support plans shall be developed within service providers' model of care.</p>	CI	<p>CHT St Johns embarked on a project to reduce the number of admissions to public hospitals for residents who were in their last six to twelve months of life. The primary focus was early assessment, consulting family/whānau and putting strategies in place to improve residents' time with family/whānau and friends at the facility. The senior RN completed palliative care training conducted by the hospice team in 2018. The assessment included using advanced assessment tools such as the Australia-modified Karnofsky Performance Status Scale (AKPS) and Palliative Pathway Activation (PPA). All these were completed to assess and come up with a comprehensive plan in the management of residents requiring palliative care. The initiative was centred around a family/whānau meeting, which then was meant to produce a plan for the clinical team to implement, supported by the local hospice team. The service started having regular meetings with the Poi team weekly. The RN reported for the period 2018-2020 a total of 18 residents who were already in their last days of life were admitted to Auckland Hospital and the number reduced to 10 for the period 2021-2022. The</p>	<p>The achievement of the quality improvement projects 'Palliative Care Project' is rated beyond the expected full attainment. With this project, there was a documented review process which included the analysis and reporting of findings. The outcomes from the project were documented and these were as follows.</p> <ul style="list-style-type: none"> -Staff at St Johns confirmed receiving timely support and advice from the Poi Team consistently. -RNs found liaising with Poi team helpful and added a lot to their knowledge and skill set. -Care staff were able to provide quality care to residents through knowledge gained. -Confidence was boosted in talking to family/whānau about residents' health conditions, deterioration, medications, and expectations of care. -Staff were able to provide a holistic approach and person-centred care to support residents who had life-limiting chronic illness. -Residents and family/whānau were more realistic about

		<p>significant decline was attributed to early assessment, family/whānau involvement, timely referral, and training of staff in the management of residents who were going through their end-of-life journey. Overall, the project was a success, feedback came through phone calls and a survey conducted, with 21% compliments received.</p>	<p>expectations and thereby reducing hospital admissions and laboratory tests.</p> <ul style="list-style-type: none"> - Family/whānau were prepared for end-of-life journey including preparing for post-death arrangements. -Palliative care medications were prescribed with foresight before deterioration and medicines were administered without delay when deterioration was apparent. -Residents and family/whānau expressed gratitude for the support provided by the Poi team including pain management, counselling, and understanding of chronic or life limiting illness.
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End of the report.