

# CHT Healthcare Trust - Onewa Hospital and Rest Home

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## Introduction

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

The audit has been conducted by 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:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Onewa Hospital and Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 June 2023    End date: 13 June 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	52

# Executive summary of the audit

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

## General overview of the audit

CHT Onewa is owned and operated by the CHT Healthcare Trust and cares for up to 67 residents requiring hospital and rest home level of care. On the day of the audit, there were 52 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora Health New Zealand- Waitematā. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service is managed by a unit manager who has extensive experience in the healthcare sector and is supported by a clinical coordinator and an area manager. The residents and relatives spoke positively about the care and support provided.

This audit has not identified any areas for improvement.

## 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.

The service provides an environment that supports residents' rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Residents who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## 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.

CHT has a well-established organisational structure. Services are planned, coordinated, and appropriate to the needs of the residents and family/whānau. The unit manager is supported by a clinical coordinator, which oversees the day-to-day operations of the facility. Goals sighted in the strategy map are formulated and approved by the governance body. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team, and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented.

## Ngā huarahi ki te ora | 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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The registered nurses assess, plan, review, and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are partially electronic and partially paper based and included medical notes by the general practitioner, and allied health professionals.

The activities team provides and implements a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site. Residents' food preferences, dietary and cultural requirements are identified and catered for.

## **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.
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The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. The facility is secure at night.

## **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.
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A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support this plan if it is activated. The registered nurse implements the programme.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been two Covid-19 infection outbreaks reported since the last audit that were managed effectively.

## 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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CHT Onewa continues to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet, and annual restraint competencies are completed.

## 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	22	0	0	0	0	0
Criteria	0	59	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

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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>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has no residents or staff who identify as Māori.</p> <p>Four healthcare assistants (HCAs), one registered nurse (RN), a clinical coordinator (CC), a unit manager (UM), and an area manager (AM) interviewed demonstrated awareness of cultural safety and the need for the service to recruit more suitably qualified Māori staff.</p> <p>CHT's Māori health plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. The management is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. There are a number of staff employed in various positions throughout the organisation.</p>



<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the organisational Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. There were residents that identify as Pasifika. The policy states CHT Onewa's commitment to supporting Pacific residents and their families/whānau.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights, and that their mana motuhake was recognised, and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. A Māori health plan in place identified how the service supports Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity.</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>	FA	<p>Staff at CHT Onewa have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The area manager reported that te reo Māori and tikanga practices are incorporated into all activities undertaken. Residents and family/whānau interviewed reported that their values, beliefs, and language are respected in the care planning process.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included in daily service delivery. The service</p>

		<p>has local cultural advisors who can be consulted when required.</p> <p>The service responds to residents' needs. Four residents (three rest home, and one hospital) and five family/whānau (four rest home, and one hospital), confirmed they are treated with respect.</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>	FA	<p>Staff are encouraged to address the issue of any abuse. CHT as an organisation are inclusive of ethnicities and hold cultural days to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, and prevention of discrimination, racism, stigma, and bias was completed.</p> <p>Cultural diversity is acknowledged, and staff is educated on systemic racism and the understanding of injustices through policy and the code of conduct. There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents. The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori admitted to the service.</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</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The management team stated that additional advice can be accessed from the local advisors, or through Te Whatu Ora- Waitematā, if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney. All residents' files reviewed contained appropriately signed consent forms.</p>

informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a complaint's register in place. There were 14 complaints in 2022 and 7 complaints lodged in 2023 (year to date). Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. Residents and family/whānau interviewed describe a process of making a complaint that includes being able to raise these when needed, or directly approaching staff, the management team, or any independent advocate.</p> <p>There have also been compliments received about services relating to care provided to residents and staff's positive attitude. There have been no external complaints made since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	FA	<p>CHT Onewa is owned and operated by the CHT Healthcare Trust. The service provides rest home and hospital level care for up to 67 residents. They have 57 dual purpose beds and 10 rest home level care beds. On the day of the audit there were 26 rest home, including one resident on a younger person with disabilities contract (YPD), one resident funded by accident compensation corporation (ACC), and one resident on respite. There were 26 hospital level of care residents, including one resident on long term support- chronic health condition (LTS-CHC); two residents on a YPD contract; one resident on respite;</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>two residents were under the interim care contract; and one resident under Primary Options for Acute Care contract (POAC).</p> <p>The facility is managed by a unit coordinator who has extensive experience in the health sector, and is supported by the clinical coordinator and area manager. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. The new unit manager moved from another sister facility in February 2022.</p> <p>The governance body consists of six trustees. Each of the trustees contributes their own areas of expertise to the Board. The service has a connection with Te Rakipaewhenua (The North Shore) group who are associated with Awataha Marae. This marae includes representatives from Nga Puhi and Ngawhatua iwis and linkages are established to Māori advisory services.</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. 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. The area manager reported that the primary aim to achieve this is by providing affordable care and by enhancing physical and mental wellbeing of residents.</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. The organisation has developed meaningful relationships with kaumātua/kuia/koroua at governance, operational, and service level. The area manager reported that the organisation has established a Māori working party to complement this action and included in this working party is a kaumātua from Te Whatu Ora Waitemata.</p> <p>The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to</p>
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		<p>achieve equitable health outcomes for Māori and Pasifika people, including services for tāngata whaikaha.</p> <p>The governance and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety in the day to day running of the facility. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>CHT Onewa has a documented quality and risk programme that reflects the principles of continuous quality improvement. 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 sent to the head office. Quality data is benchmarked within the organisation and at a national level, and results are shared in staff meetings. The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Staff, registered nurses, and 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 and family satisfaction surveys are completed monthly with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2023 reflected high levels of resident/family satisfaction, with consistent high scores in most categories surveyed. Survey results responses reviewed indicated a lower percentage on laundry, cleaning, and food. The area manager and unit manager reported that the service has addressed areas of concern with the respective departments, that includes the contracted</p>

	<p>kitchen, laundry, and cleaning contractor. Evidence of this was sighted in the meeting minutes reviewed. Furthermore, quality meeting minutes reviewed reflected ongoing monitoring of these areas.</p> <p>There is a meeting schedule including regular quality meetings, which includes discussion about clinical indicators (eg, incident trends, infection rates). Management meetings are held weekly, activities monthly, registered nurses monthly, health and safety monthly, and infection control monthly. A quality report is completed by the area manager that is presented to the Board of Trustees.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The area manager reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>There was a hazard register in place and evidence of completed environmental audits. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed since the previous audit and these relate to a shortage of registered nurses, stage IV pressure injuries, and a resident who wandered from the facility.</p> <p>A sample of 10 incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Family/whānau are notified following incidents when required. The management team described instances where essential notifications were required. There was a Section 31 notification completed regarding change of unit manager in February 2022. There have been two outbreaks since the previous audit which were notified to the public health team in a timely manner.</p> <p>The area manager and unit manager reported that they collect resident's ethnicity data to support improving health equity. Critical analysis of organisational practice is completed through benchmarking, analysis, and reports, review of policies, and internal audits.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced HCAs, with support from clinical and management team. All staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); moving and handling; privacy and confidentiality; challenging behaviour; safe food handling; elder abuse and missing person; cultural safety; code of conduct; effective handover; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; pandemic planning and outbreak management; nutrition and hydration; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The area manager reported that the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for</p>

		<p>Māori.</p> <p>The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff and in-service education is ongoing.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of seven staff files (four healthcare assistants, activities coordinator, clinical coordinator, and registered nurse) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</p>



<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The unit manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions, and declined referrals, which goes to head office and is discussed at the monthly unit review meetings. The report includes ethnicity and iwi details. The service has a connection with Te Rakipaewhenua (The north shore) group who are associated with Awataha Marae. This marae includes representatives from Nga Puhi and Ngawhatua iwis.</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>Five resident clinical files were reviewed: two rest home and three hospital level care, including one respite resident and one on an LTS-CHC contract.</p> <p>A registered nurse completes an initial assessment and care plan on admission. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes for all long-term residents (including the resident on the LTS-CHC contract), with outcomes of assessments reflected in the needs and supports documented in the resident electronic care plans. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system and hard copy documents, were resident focused, individualised and updated ongoing as resident needs changed. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds and weight loss are recorded on short-term care plans. Care</p>

		<p>plans had been evaluated at least six-monthly or earlier if required. Residents and family/whānau interviewed confirmed that they participate in the care planning process and review. The resident on respite had appropriate risk assessments completed and a detailed care plan to meet the resident's needs.</p> <p>The service has systems and processes to support all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making. Although there are no current residents who identify as Māori; the clinical coordinator and RNs (interviewed) explained the cultural supports and assessments undertaken for residents who identify as Māori and how resident specific goals (pae ora outcomes) would get interwoven into care planning and delivery of care.</p> <p>The service contracts with the local medical service and the general practitioner (GP) visits weekly. The GP completes three-monthly reviews, admissions, sees all residents of concern and provides on-call service during work hours. Out of hours on-call service is provided by a team of nurse practitioners and GPs from a local medical service. The GP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. There is a contracted physiotherapist who visits weekly and a podiatrist who visits six-weekly. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling. The physiotherapist (interviewed on the day) was complimentary of the service provided.</p> <p>Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit. Family members are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were</p>
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		<p>being changed appropriately in line with the documented management plan. Wound records were reviewed for four residents with current wounds, demonstrating progress towards healing in the evaluation section. The wound clinical nurse specialist, from the gerontology nursing service, and the GP have input into chronic wound management. On the day of the audit, there were 17 wounds from 14 residents. There are currently three residents with six pressure injuries: four stage II, one stage III, and one unstageable. All the pressure injuries are showing signs of improvement. Pressure injury prevention strategies are implemented. RNs and healthcare assistants receive training on pressure injury management.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules, and fluid balance recordings. Charts were implemented according to the care plan interventions. Incident reports reviewed evidenced timely RN follow up of all incidents. Neurological observations were fully completed as per policy for all unwitnessed falls.</p> <p>Healthcare assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. On observation of a handover, written information was comprehensively communicated verbally and included monitoring requirements and changes in care. Progress notes are maintained on the electronic management system and entered by the healthcare assistants and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Care plans include the physical, spiritual, whānau, and mental health of the residents. Cultural training is completed annually.</p>
Subsection 3.3: Individualised activities	FA	<p>There are three diversional therapists, and they cover seven days a week. There are monthly themes, for example, Māori Language week,</p>

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>Matariki, ANZAC, Easter, Carnival, and Christmas. The planner has one on one activities, such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p> <p>Community groups such as schoolchildren, entertainers, and kapa haka groups visit. During Māori language week, the residents were encouraged to learn a new word in te reo Māori each day and this continues as part of everyday interactions. The residents are provided with opportunities to participate in te ao Māori. The facility is developing further community links with local iwi, noting that staff who identify as Māori, have links already.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent healthcare assistants administer medications, all have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There was one resident self-administering medications on the day of the audit. Competencies and safe storage were implemented as per policy. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used. No vaccines are stored on site.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP reviewed the medication charts three-monthly. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented on the</p>

		<p>electronic medication management system. Residents and relatives interviewed stated they are updated about medication changes, including the reason for changing medications and side effects. There was evidence of this communication with residents and relatives in the clinical records.</p> <p>The registered nurses and management described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The interviewed residents and whānau/family expressed satisfaction with the food portions and options. All the meals are cooked on site by a contracted company. A resident dietary profile is developed for each resident on admission which identifies dietary requirements, likes, dislikes, and any cultural considerations; this is provided to the kitchen and updated as the resident needs change. The chef manager (interviewed) stated they are aware of menu options for Māori residents and would consult with residents on the food and their choices. Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The chef manager and kitchen staff are trained in safe food handling.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The registered nurses interviewed described exits, discharges, or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their families/whānau were involved in all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the resuscitation status, enduring power of attorney or next of kin contact numbers, latest medication chart, progress notes, and last general practitioner notes are included in transfer information. A verbal handover is provided. Referrals to other health and disability services is evident in the resident files reviewed.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness which expires on 21 February 2024. There is a preventative maintenance schedule that is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations of weigh scales, and clinical equipment testing, which are all current. Monthly hot water tests are completed for resident areas and are within expected ranges.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect 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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly, with the last drill completed 19 May 2023.</p> <p>The building is secure after hours and staff complete security checks at night. There is external security lighting.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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 pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies to white and coloured pillowcases. There were culturally safe practices</p>

		<p>observed. The registered nurse reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The RN reported that the general practitioner is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively. There were infection outbreaks of Covid-19 reported in December 2022 and May 2023, since the previous audit. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy confirms that CHT Healthcare Trust organisation is committed and continues to work actively to minimise the use of restraint. Strategies implemented include working in partnership with residents and family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. CHT Onewa continues to have no residents using restraints. The service has been restraint free since 2019.</p> <p>Monthly restraint reports are completed and discussed at staff meetings. Restraint data is included in quality data analysis and benchmarking, which is included in management reports to the Board.</p> <p>The restraint coordinator (clinical coordinator) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation. The last</p>

		restraint training for all staff was completed in May 2023.
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# Specific results for criterion where corrective actions are required

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

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

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

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.