

CHT Healthcare Trust - St Margaret's Hospital and Rest Home

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 Margaret's Hospital and Rest Home
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: 3 October 2023 End date: 4 October 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	83

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
	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 Healthcare Trust (CHT) St Margarets is certified to provide rest home and hospital (medical and geriatric) level of care, and residential disability services – physical and dementia care for up to 87 residents. There were 83 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora, Health New Zealand- Waitematā and Whaikaha- Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The acting unit manager (RN) is appropriately qualified and experienced and is supported by an acting clinical coordinator and area manager. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. 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 that there is a corrective action required relating to registered nurse staffing and management of residents who self-administer medication.

A continuous improvement rating is awarded for the implementation of the activities programme.

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.

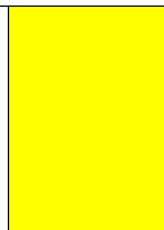


Subsections applicable to this service fully attained.

CHT St Margarets provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. 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/whānau are kept informed. The rights of the resident and/or their family/whānau 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.



Some subsections applicable to this service partially attained and of low risk.

CHT Healthcare Trust has an overarching strategy map with clear business goals to support organisational values. The business 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 is completed, with corrective actions developed as indicated. Meeting schedules are maintained. A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed. There is a staffing and rostering policy documented. 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.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements. Registered nurses and senior healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts were reviewed at least three-monthly by the general practitioner.

The activities coordinators provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences, sensory needs, and cultural needs.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available. The service has a current food control plan.

All referrals transfers and discharge occur in partnership with the resident and families/whānau to ensure a seamless transition.

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 holds a current warrant of fitness. Electrical equipment has been tested and tagged. There is an approved evacuation scheme and emergency supplies for at least three days.

The facility is single level; each area has an individual lounge and dining area. All bedrooms apart from one are single occupancy. All rooms are ensuited. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

The dementia unit and their outdoor area is secure.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been six Covid-19 outbreaks since the previous audit, and this has been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the contracted cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.

Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and only uses an approved restraint as the last resort. At the time of the audit the service had no residents using restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme.

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	25	0	2	0	0	0
Criteria	1	168	0	2	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>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 residents who identify as Māori. CHT is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Links are established with the local kaumātua via the unit manager from CHT Carnarvon (a sister facility). The service also uses a kaumātua from Te Whatu Ora Health – Waitematā for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The acting unit manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at CHT. The CHT St Margarets business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori. Residents and family/whānau are</p>

		<p>involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Fifteen staff interviewed (six healthcare assistants (HCAs), two registered nurses (RN), one enrolled nurse (EN), one acting clinical coordinator, one unit administrator/health and safety rep, three diversional therapists (DTs) and one maintenance person) described how care is based on the resident's individual values and beliefs. The service has links with the local Māori community and health service providers.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit and the acting unit manager confirmed that the residents' whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with eight residents (three rest home and five hospital, including one younger persons with a disability [YPD]) and seven family/whānau (five hospital, including two YPD and two dementia care) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT St Margarets actively consults with current Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are relationships and consultation with Pacific providers and includes (but not limited to) Pacific churches (Samoan Church Group and Tongan Community Catholic Church) and the Fono Healthpoint to provide services for Pacific people and staff.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages. There are staff currently employed that identify as Pasifika. The service continues to provide equitable employment</p>

		opportunities for the Pacific community.
<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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The acting unit manager, acting clinical coordinator or RNs discuss aspects of the Code with residents and their family/whānau on admission. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Staff receive education in relation to 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, as sighted in the information pack given to residents on admission and noted with one active complaint. 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. The service recognises Māori mana motuhake, which is reflected in the Māori health care plan and specific resident focussed goals.</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>The HCAs interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The CHT St Margarets 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. The</p>

	<p>service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Young people with disabilities and their family/whānau interviewed stated they are able to maintain their personal, cultural, and religious identity and staff respect their choice.</p> <p>Satisfaction surveys completed in 2023 confirmed that residents and families/whānau felt they are treated with respect. This was also confirmed during interviews with residents and families/whānau. Results are regularly shared at residents' meeting. A sexuality and intimacy policy is in place with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families/whānau 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. 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. Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents.</p> <p>Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit the resident and they felt welcomed. Residents' files and care plans identified resident's 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, church services are held, and spiritual support is available. A spirituality policy is in place. The acting unit manager confirmed that cultural diversity is embedded at CHT St Margarets and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The 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 Margarets are expected to uphold. CHT organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. CHT as an organisation is inclusive of ethnicities, and cultural days are held 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.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. CHT Māori Health Strategy includes strategies to abolishing institutional racism. 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/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the acting clinical coordinator, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. 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.</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</p>	<p>FA</p>	<p>Information is provided to residents and relatives on admission. Bi-annual resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with family/whānau. Young people with disabilities and their family/whānau interviewed stated they are supported to communicate with family/whānau. Wi-fi is made available to them.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated in addition to staff members who speak the residents' languages. At the time of the audit all residents spoke English. 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/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Te Whatu Ora Health - Waitematā specialist services.</p> <p>The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The acting unit manager and acting clinical coordinator described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events and changes through regular communication and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices 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>FA</p>	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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 available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The acting unit manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is held electronically. 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). Seven complaints have been lodged in 2023 year to date. One of the complaints was received recently from HDC in September 2023; the service is currently investigating the complaint and is required to respond to HDC on 10 November 2023. An HDC complaint made in November 2022 has been investigated and a response was sent to HDC in January 2023. The service is awaiting a response from HDC. One HDC complaint received in March 2021 was investigated and closed off by HDC in June 2022.</p> <p>An HDC complaint received in October 2020 was investigated and closed off by HDC in March 2022. Manatū Hauora Ministry of Health requested follow up against aspects of this complaint that included falls management, opioid administration, poor food and laundry services, low staffing ratios and delays in responding to call bells. There were no identified issues in respect of this complaint.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held</p>

		<p>bimonthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the acting unit manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The acting unit manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and RNs meetings (minutes sighted). Higher risk complaints are managed with the support of the area manager.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>St Margaret's is part of the CHT group of facilities. The building is a purpose-built single level facility providing hospital – geriatric/medical, rest home, dementia, and younger persons with a disability care for up to 87 residents. On the day of audit there were 83 residents in total across seven dual-purpose units and one 20 bed dementia unit. There were 59 hospital residents in the dual-purpose units, including two on YPD contracts (one of whom was on respite care), three on an ACC contract, two on long term support chronic health conditions (LTS-CHC) contracts and two on interim care scheme (ICS) contracts. There were six rest home level residents, including one on an LTS-CHC contract and 18 residents in the 20-bed secure dementia unit. All other residents were under the age-related residential care services agreement.</p> <p>CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT's key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal. The business plan (2022-2023) includes a mission statement and operational objectives with site specific goals related to budgeted occupancy, complaints management, resident satisfaction, availability of standard rooms, customer engagement and staff satisfaction. The acting unit</p>

	<p>manager reports on these areas monthly to the area manager. CHT is a charitable/ not for profit organisation.</p> <p>The governance body of CHT Healthcare Trust consists of seven 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 Chairperson of the Board is also an experienced director and chairs other organisational Boards. The area manager interviewed explained the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>There are two Board sub committees that are involved in the quality and risk management system: the Quality, Health & Safety Committee (QHSC), and the Audit and Risk Committee.</p> <p>The Quality, Health & Safety Committee (QHSC), reports to the Board and monitors 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. The quality programme includes a quality programme policy, and 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 Audit and Risk Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>The area managers provide the clinical oversight for the care facilities and provide a detailed analysis of clinical data to the Board prior to every Board meeting. Discussions are held at the Board meeting around the issues raised and any corrective actions taken. The clinical data is compared both internally as well as externally against the national clinical benchmarking data and is reported on quarterly.</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. Cultural advisors at the governance level ensure Māori have meaningful</p>
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		<p>representation in order to have substantive input into organisational operational policies. 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. One of the actions from the Māori Health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. CHT have established a Māori working party to complement this action. Included in this working party is a kaumātua from Te Whatu Ora - Waitematā. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The acting unit manager is a RN who has been in the role since June 2023, he previously worked in the clinical coordinator role and has been at CHT since 2016. The acting clinical coordinator is a RN who has been in the role since August 2023, previously working as an RN since 2019.</p> <p>The acting unit manager has completed more than eight hours of training related to managing an aged care facility and include privacy related training, CHT specific business, infection control, cultural and restraint training.</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>	<p>FA</p>	<p>CHT St Margarets 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. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at facility level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety;</p>

		<p>infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident/family satisfaction surveys are completed monthly, with a selection invited each month (on the yearly anniversary of their admission), with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2022 and 2023 reflect high levels of resident/family satisfaction. A corrective action plan from February 2023 had been implemented and completed regarding laundry services, maintenance, and internet access.</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 Ngā Paerewa Standard (NZS 8134:2021). Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service. A health and safety system is being implemented, with the service having a trained health and safety representative who is the unit administrator. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Accident/incident forms reviewed indicated that the electronic forms are completed in full and are signed off by the acting unit manager or acting clinical coordinator. Incident and accident data is collated monthly and analysed by both the acting unit manager and the area manager. Results are discussed in the staff/quality meetings.</p> <p>Discussions with the acting unit manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31's notifications related to RN staffing shortages (July to September 2023) and two pressure injuries (one unstageable in September 2023, and one stage III in June 2022). There have been six Covid-19 outbreaks (March, April, May, June, and December in 2022, and September in 2023). These were appropriately notified, managed and staff debriefed.</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>	<p>PA Low</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 RNs, the activities coordinator and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, RNs, casual staff, or bureau staff. Out of hours on-call 24/7 cover is shared between the acting unit manager and acting clinical coordinator. The area manager will perform the acting unit manager's role in his absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The acting unit manager and acting clinical coordinator are both available from Monday to Friday. The full RN compliment roster is documented. While waiting for some of the internationally qualified nurses (IQNs) to obtain New Zealand competency, the facility has been unable to provide a RN on site at times for hospital level care residents. These shifts were covered by HCAs who are IQNs, ENs or senior level 4 medication competent HCAs, with the support of the CHT virtual nurse service. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the acting unit manager, acting clinical coordinator and virtual nurse service. At the time of the audit, there was a significant national health workforce shortage. Findings relating to staff shortages should be read in the context of this national issue.</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 have completed cultural awareness training online which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora - Waitematā, hospice and the organisation's online training portal which can be accessed on personal devices.</p>
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<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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Nine staff files reviewed (one acting unit manager, one acting clinical coordinator, one RNs, four HCAs, one unit administrator/health & safety rep and one activities coordinator)</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. 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>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 for each position. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals. 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 programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<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 CHT business continuity plan in case of information systems failure. 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.</p> <p>Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required. 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. The acting unit manager is the privacy officer and there is a pathway of</p>

		communication and approval to release health information. The service is not responsible for National Health Index registration.
<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 service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The unit manager is available to answer any questions regarding the admission process and a waiting list is managed. The unit manager advised that the service openly communicates with potential residents and whānau during the admission process. The unit manager advised that the service openly communicates with potential residents, family/whānau and enduring power of attorney (EPOA) during the admission process. There is specific admission information available in relation to the dementia unit and for younger residents.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The organisation has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service is (with the assistance of CHT head office) increasing links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</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>	FA	<p>Ten files were reviewed and include one rest home level care resident; two from the dementia unit; and seven hospital residents, including one resident on a younger person with a disability (YPD) contract, one resident on a long-term support – chronic health conditions (LTS-CHC) contract, one resident on an interim care (IC) contract and one funded by Accident Compensation Corporation (ACC- long term). The registered nurses are responsible for conducting all assessments and for the development of care plans.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Residents not on the ARRC contract did not require a completion of an interRAI; all had care plans in place and address appropriate risks, medical care and care required. The younger resident on a YPD contract's care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family/whānau relationships.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. 'Care, compassion, comfort, companionship, and a strong connection to community is at the heart of our organisation.' CHT ethos is that 'we take great care of older residents,' ka tino tiaki matou i nga kaumatua. The last days of life care plans are implemented for residents on palliative care management and include Te Ara Whakapiri.</p> <p>The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and a regular GP provides twice weekly visits. The GP service also provides out of hours cover. The GP records their medical notes in the integrated resident file. The GP interviewed was complimentary of the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist who works eight hours a week. A podiatrist visits regularly. Other specialist services</p>
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	<p>are available by referral. A dietitian is available through CHT head office. A wound care specialist nurse and speech language therapist are available as required through Te Whatu Ora- Waitematā.</p> <p>A handover was sighted between shifts and observed to be verbal and written that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by HCA's. The registered nurse/clinical manager further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family/whānau interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the clinical coordinator evaluates the resident's wellbeing, or there is a review initiated with the GP. Family/whānau was notified of all changes to health, including infections, accident/incidents, weight loss, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound dressings were being changed appropriately and a wound register is maintained. Advice is sought from the wound care specialist nurse as required. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. There is currently one stage II pressure injury which is healing.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>The RNs and HCAs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. The HCAs interviewed knew to report to RNs if a resident was not eating and RNs confirmed this. Neurological observations are completed for unwitnessed falls, or where there is a head injury. All incident reports reviewed evidenced timely RN follow up.</p> <p>The satisfaction survey for the last quarter evidenced a high</p>
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		satisfaction related to care and personal attention.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>	FA	<p>CHT St Margarets has implemented an activity programme over seven days. There are three qualified diversional therapists and one activities coordinator. The team is supported by a CHT Diversional Therapist Advisor.</p> <p>The registered DT oversees the implementation of the programme. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p> <p>The DTs develop a 24-hour activities programme for all residents in the dementia and include hobbies, close to normal routine, and likes and dislikes to assist with diversion and de-escalation of behaviours. The younger person interviewed advised they are able to participate in a range of education, recreation, leisure, cultural and community events consistent with their interests and preferences. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. There are seating areas where quieter activities can occur. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives, at least once a week for all residents (as appropriate). Resident meetings (bimonthly) provide a forum for feedback relating to activities. The service has a contracted physiotherapist who assists with the mobility and walking programme. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. Entertainers and several church services are scheduled each month.</p> <p>There were residents who identified as Māori. The activities team facilitates opportunities to participate in te ao Māori and other culturally appropriate activities, including Māori language week, the use of te reo Māori, and traditional crafts. The Māori residents has a kaumātua that visits on request. There are Pacific celebrations</p>

		<p>included which are facilitated by the Pacific staff. EPOA and whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p> <p>There are spaces in the dementia unit for quieter activities or for one-on-one activities. The activities team interviewed reported that activities were provided separately for the dual-purpose area and dementia wing. Activities sighted on the respective planners included group exercises; massage; cooking; waiata; floor games; bingo; baking; outdoor walks; domestic type chores; van outings; and music therapy.</p> <p>The service is awarded a continuous improvement rating for exceeding the requirements in relation to their activities programme.</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>	<p>PA Low</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a central medication room. Registered nurses and medication competent HCA's administer medications, and complete annual competencies and education. All medications are administered from prepacked robotic sachets. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There are no standing orders in use and no vaccines are stored on site.</p> <p>The medication fridge and room air temperatures are checked and recorded daily. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication</p>

		<p>system. All medications are charted either regular doses or as required. There are policies in place to facilitate a process for younger persons and other residents who wish and is competent to self-administrate medications. There is a pharmacy contract in place supporting Māori and whānau to access medication.</p> <p>Currently there are no over the counter or supplements in use; however, one rest home resident was self-medicating on the day of audit. During visual inspection unbeknown to staff, a family member brought in eye drops that a resident uses, which were not considered in the prescription. The unit manager confirmed the usual practice is for these to be considered by the prescriber (GP) as part of the person's medication if used.</p> <p>There are monthly MDT reviews. Different professionals including clinical pharmacist, gerontology nurse practitioner, GP, clinical coordinator and RNs/ENs convene, discuss, and deliberate on how to address medication-related issues and concerns. A good working relationship between the team at St. Margarets and Te Whatu Ora is forged and maintained at a professional level and valuable clinical input about trends and updates on medication management are shared between groups. The group rationalises medications for possible de-prescribing and changing treatment plan opportunities and the GP makes the changes based on the recommendations of different parties on the medication chart, in consultation with the resident. This has led to a reduction in polypharmacy.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is contracted out. A cook (acting kitchen manager) oversees food services with the support from an area manager. There is a fully functional kitchen, and all food is cooked on site by contracted kitchen staff. The qualified kitchen manager is supported by a weekend cook and kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian at head office level. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The service caters for residents who require texture modified diets and other foods, with</p>

	<p>pureed/soft meals provided as required. The kitchen uses temperature controlled hot boxes to distribute food to the dining rooms and food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. The dining rooms are spacious to accommodate for different mobility equipment. There are sufficient number of staff to provide supervision and assistance.</p> <p>There are always snacks and other finger food available. The lunch meal in the dining room in the dementia unit was observed; meals were well presented. There are specialised utensils available if required.</p> <p>Dietary information is completed on admission day and updated every six months and relayed to chef. Dietary information is also captured in the residents' care plan.</p> <p>The food control plan was verified on 11 July 2023. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings, which are attended by the cook when required. Resident preferences are considered with menu reviews. The cook and area manager interviewed stated that cultural preferences are catered for, where requested by residents. The resident who identifies as Māori currently has no requests, as the resident prefers food brought in by whānau. Kitchen staff and care staff interviewed understood necessary Māori practices in line with tapu and noa.</p> <p>Residents are weighed monthly, unless this has been requested more frequently due to weight loss. Currently one resident is weighed daily, two are weighed weekly or one fortnightly, according to their specific requirements. Residents with weight loss can be referred to the dietitian. The dietitian can then inform the care staff and kitchen of any extra requirements. All CHT facilities use the 'replenish, energy and protein' (REAP) programme. There are</p>
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		<p>currently fifteen residents on this programme.</p> <p>The latest satisfaction survey for the last quarter evidenced a lower-than-expected satisfaction rate of 67%. The service identified and implemented improvements to be made.</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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. The service works alongside residents and families/whānau to ensure they have access to other health and disability services and social support or Kaupapa Māori agencies, where required or requested.</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 holds a current building warrant of fitness (dated 16 September 2024). The maintenance person works full time and shares their time between CHT St Margaret and another sister facility. The maintenance person advised on call is shared with other maintenance staff within the region. There is a maintenance request book for repair and maintenance requests located at reception. This is checked and signed off when repairs have been completed. There is a monthly, three-monthly, six-monthly, and annual maintenance plan that includes electrical compliance testing and calibration of equipment, resident equipment checks, call bell checks, and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment compliance checks and calibration of medical equipment was completed in August/September 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The facility is single storey purpose-built facility. There are 57 dual</p>

	<p>purpose rooms across seven wings (The Esplanade-8 rooms including one couple in a room; Spinnaker Strand-9 rooms; Chapman Strand-10 rooms; Harbour View- 10 rooms; Rutherford -10 rooms; Waimanu Bay- 10 rooms; and Peninsula-10 rooms) and a 20-bed secure dementia wing (Peachgrove).</p> <p>Dual purpose unit</p> <p>There is a centralised nurse station with a secure treatment room.</p> <p>There is a lounge combined with a dining room in each wing. Each lounge has a small kitchenette where residents and families/whānau can make tea and coffee.</p> <p>All rooms have single occupancy, except for one room shared by a married couple (there was enough space for both beds in this room). All rooms have ensuites, toilets and handbasin. Fixtures, fittings, handrails, and flooring are appropriate and toilet/shower facilities are well maintained and easy to clean. There is ample space in all toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are privacy signs on all shower/toilet doors. There are visitor toilets available in the main corridor. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents can manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. There are separate toilets for staff and visitors. Toilets and showers provide for privacy. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>Additionally, there is a large communal lounge with a disability toilet. There are small library areas, and seating alcoves throughout the facility. The external area is well maintained and has seating, shade, and decking. There is safe access to the outdoors.</p> <p>Corridors are wide with handrails for ease of mobility and the use of motorised wheelchairs. There are sufficient ventilation and ample natural light. There is thermostatically controlled electrical and underfloor floor heating. Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable</p>
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		<p>temperature. The facility is non-smoking.</p> <p>Chapman Strand wing and Waimanu Bay were recently refurbished following the floods; the management advised they sought input and advice to ensure the aspirations of Māori and their identity is included.</p> <p>Dementia unit</p> <p>The dementia unit is secure and can be accessed from the main entrance. There are three doors with keypad entry within the facility that leads to the dementia unit.</p> <p>There is a centralised nurse station with a secure medication trolley. Rooms are single occupancy with a dementia friendly ensuite (coloured taps). Fixtures, fittings, handrails, and flooring are appropriate and toilet/shower facilities are well maintained and easy to clean. There is ample space in all toilet and shower areas to accommodate shower chairs if appropriate. There are privacy signs on all shower/toilet doors. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents can manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. There are separate toilets for staff and visitors. Toilets and showers provide for privacy.</p> <p>There is a large communal lounge for activities. Corridors are wide with handrails for ease of mobility. There is small quiet spaces with seating throughout the facility. The secure external area is well maintained and has seating, shade and raised access. There is safe access to the outdoors. There are sufficient ventilation and ample natural light. There is thermostatically controlled electrical and underfloor floor heating.</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>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (5 November 2008). A fire evacuation drill is repeated six-monthly (last held on 8 August 2023). There are</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>emergency management plans in place to ensure health, civil defence and other emergencies are included. A current resident list with their mobility needs is available to ensure smooth evacuation in case of an emergency.</p> <p>Civil defence supplies are stored in a cupboard, and these are checked six-monthly. In the event of a power outage, there is an on-site generator and there are alternative cooking methods available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day for three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always on duty.</p> <p>There are call bells in the residents' rooms and ensuites and lounge/dining room areas. Residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. The dementia unit is secure at all times. Currently visitors are asked to sign in and follow the visiting protocols.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS 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 staff 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 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 – Waitematā. The</p>

		<p>service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered vaccinations as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees infection control and the AMS programme 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 service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment, with extra stocks available as required. There is a process to ensure stock gets rotated and checked for expiry dates.</p> <p>The infection control coordinator has completed infection control education. There is good external support from the GP, laboratory, Bug Control, and Te Whatu Ora – Waitematā infection control nurse specialist. The infection control coordinator has input to purchasing supplies and equipment. The infection control coordinator stated there was early consultation with them and they had input in the recent refurbishment of two wings (Chapman Strand and Waimanu Bay).</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</p>

		<p>include this. The service incorporates te reo Māori information around infection control for Māori residents, Māori protocols are adhered to, and staff are able to describe these 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. There has been additional infection control training and Covid-19 management. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic 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 through a monthly multidisciplinary meeting. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are collated 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.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly 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 and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any</p>

<p>an equity focus.</p>		<p>infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance 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 Te Whatu Ora- Waitematā for any community concerns.</p> <p>There have been six Covid-19 outbreaks and reported appropriately (last reported outbreak in September 2023). The facility followed their pandemic plan and Covid-19 Response Framework is in line with the Manatū Hauora pandemic plan. The infection control nurse explained staff are well trained to respond rapidly. Families/whānau were kept informed by phone or email. Visiting continued under the protocols set by Manatū Hauora.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<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 secure cupboard on the cleaning trolley and the trolley is 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. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Cleaning is done by on-site cleaners who are contracted by an external service. There are three sluice rooms (each with a sanitiser) for the disposal of soiled water or waste. The sluice room are kept closed when not in use.</p> <p>All laundry for St Margaret is processed off site by a contracted service. Laundry is transported in colour coded bags with specific facility name tag on it, by a dedicated laundry delivery service. There are defined clean/dirty areas for the pickup and drop off. There are clear processes to guide staff in the transportation and distribution of the linen.</p>

		<p>Cleaning and laundry services are monitored through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services.</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>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is an RN. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the clinical, and staff/quality meetings and to CHT head office. The restraint coordinator interviewed described the focus on restraint minimisation. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at CHT St Margarets.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>As per the ARRC contract with Te Whatu Ora - Waitematā, an aged care facility providing hospital level care is required to have at least one RN on duty at all times; however, the service has been unable to provide a RN on site at times for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the acting unit manager, acting clinical coordinator and virtual nurse service. The shifts not covered by RN's were all covered by ENs or level 4 HCAs; some of whom are internationally</p>	<p>The service has not had sufficient numbers of RNs to have an RN on duty at all times as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a RN is always on duty to meet the requirements of the ARRC contract D17.4 a. i.</p> <p>90 days</p>

		qualified nurses (without NZ registration), and all were medication competent. The service has submitted Section 31 notifications when this has occurred.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	PA Low	<p>Medication management policy guides the management of residents who wish to self-administer their medications. During visual inspections of the medication rooms, the clinical coordinator and RNs confirmed there were no residents self-administering medication; however, when interviewing a rest home resident, it was observed they had eyedrops and an inhaler at their bedside. The resident interviewed described how they take their medications. The medication chart reviewed did not indicate medication for self-administration. The inhaler was prescribed; however, the eyedrops were not. The eyedrops were over the counter eyedrops and later confirmed to be brought in by family unbeknown to staff. The type of eyedrops is for dry eyes with minimal side effects.</p>	<p>i) One rest home resident self-administers inhalers and over the counter eyedrops- (a) there were no self-assessment completed; (b)The medication chart did not indicate the inhalers are for self-administration and (c) the medications were not stored in a drawer (d) the eyedrops were not prescribed.</p>	<p>(i) Ensure that the medication policy is fully implemented for residents that wish to self-medicate.</p> <p>90 days</p>

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
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>A continuous rating is awarded for the provision of an overall activities programme that is meaningful for the demographic of residents at CHT St Margarets. The quality initiative is beyond the expected full attainment of the criteria. There is evidence of action taken based on findings that has made improvements to service provision. The service has initiated an improvement plan related to the activities programme (since 2021) where a review process has occurred, including analysis, and reporting of findings has occurred. The projects include reviewing if the improvements have had positive impacts on resident participation and resident satisfaction of the activities programme.</p>	<p>The programmes allow for flexibility and resident choice of activity. There were several initiatives implemented since 2021. The service scored below the expected satisfaction rate (65% satisfaction) for their activities programme. An example of initiatives include:</p> <p>The service increased participation in group activities by purchasing a subscription to `Teamific` worldwide online live quizzes which is presented by a quiz master, held monthly. Residents join in virtual activities as a team of residents and can compete against other aged care facilities. An average of 50 facilities participates. Evidence was reviewed (from photos, participation registers, progress on quality review, and feedback) evidence an average of 20 residents participated each month. One hospital resident stated ` I am useless in answering but</p>

			<p>enjoyed seeing the other residents'. It was evident that residents from the dementia unit is included in this group activity.</p> <p>There are activity boxes in each of the eight wings that is specific to the interest, likes and hobbies of the residents in the specific wing. Visual inspection of the activity boxes includes a range of activities to assist with reminiscence, physical and sensory activity. On the day of the audit one resident from Rutherford wing used the activity box as they did not want to attend the group activities.</p> <p>The service has contracted a company to assist with van drives. The activities team explained five drivers are available for CHT. The arrangement increased the access to maintain community links, and outings are not dependent on CHT staff availability or skills. Participation reviewed between June and September include outings to a music group/choir, several bowling sessions that include inter aged care facility participation, trips to the library, and Matariki concert.</p> <p>The residents interviewed described how they enjoy attending the activities and contributing to the programme. The residents and relatives interviewed were very happy with the variety of activities provided. The survey for 2023 evidence a 100% satisfaction rate.</p>
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End of the report.