

CHT Healthcare Trust - St Christophers Rest Home & Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust	
Premises audited:	St Christophers Rest Home & Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 10 October 2023	End date: 11 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:	43	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

CHT St Christophers is certified to provide hospital (medical and geriatric) and rest home level of care for up to 46 residents. There were 43 residents on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and a general practitioner.

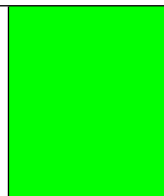
There is an experienced unit manager who has been in the role for two years. They are supported by a clinical coordinator who is new to his role and a stable team of care and administration staff. The unit manager is supported by an area manager and head office management. The residents and family/whānau interviewed spoke very positively about the care and support provided.

The areas for improvement identified at the previous audit related to the cleaning trolleys being unlocked and accessible when unattended, have been addressed.

This audit identified areas requiring improvement relate to registered nurse staffing.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

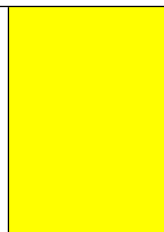


Subsections applicable to this service fully attained.

CHT St Christophers provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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 St Christophers has an overarching strategy map with clear business goals to support organisational values. The CHT St Christophers business plan aligns with the CHT St Christophers strategy map and 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.

A staffing and rostering policy is in place. 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 eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan, review, and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are partly electronic and partly paper based and included medical notes by the general practitioner, and allied health professionals.

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

Residents' food preferences, dietary and cultural requirements are identified and catered for. A current food control plan is in place.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness and an approved fire evacuation scheme. There is a planned and reactive maintenance programme in place.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There is an established organisational infection control programme in place which is reviewed annually. Surveillance data includes ethnicity and is collated. Data is reported at all facility meetings and reported to the Board. There has been one outbreak (Covid-19) reported since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were three residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered.

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	18	0	1	0	0	0
Criteria	0	49	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	The Māori health plan ensures Te Tiriti o Waitangi is embedded in daily practices at CHT St Christophers. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	The Pacific health plan is implemented. The service partners with Pacific organisations to provide guidance, including local Pacific church contacts facilitated by staff members from the local Pacific community. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support. At the time of the audit, there were staff who identified as Pasifika, who assist with the implementation of the Pacific health plan.

<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. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Staff interviewed (two registered nurses (RNs), six health care assistants (HCAs), one housekeeper, one maintenance officer and chef) could describe how they uphold residents rights in relation to their role. This was confirmed in interviews with four family/whānau (one rest home and three hospital) and three residents (two rest home and one hospital resident).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>There is an implemented abuse, neglect and prevention policy. At a new employee's induction to the service, the CHT staff code of conduct is discussed. In the staff files reviewed, there is evidence of staff signing the code of conduct policy. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Interviews with registered nurses (RNs) and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of previous items – taonga.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	FA	<p>There is a policy that guides informed consent. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. At interview with family/whānau they confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with the RN and HCAs confirmed they are familiar with the</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>requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney (EPOA) and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure and the Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English at the entry to the facility. At the entry to St Christophers, there is a complaints forms and a suggestion box in a visible place. Residents and family/whānau can raise concerns and complaints with management in a variety of ways, these include (but are not limited to) resident and family/whānau meetings which are held regularly.</p> <p>The complaints register of both verbal and written complaints is maintained by the unit manager. There have been three internal complaints received in 2022 and three internal complaints in 2023. There has been one Health and Disability Commissioner (HDC) complaint which has been closed. There was one further complaint which had a Section 31 sent to Te Whatu Ora- Counties Manukau. Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. All complaints are documented as resolved and closed with no trends have been identified. Discussions with family/whānau and residents confirmed they are provided with information on the complaints process.</p> <p>Interviews with the unit manager confirmed their understanding of the complaints process. 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 unit manager and clinical coordinator acknowledged their understanding that Māori prefer face-to-face communication.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>CHT St Christophers provides care for up to 46 residents at rest home and hospital level care. On the day of audit there were 43 residents in</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>total.</p> <p>The 46 beds at CHT St Christophers are all dual purpose. On the day of audit, there were 43 residents: nine rest home residents; and 34 hospital residents, including one resident were funded by the Accident Compensation Corporation (ACC), and three younger residents on a younger person with a disability (YPD) contract and one resident with an interim care contract.</p> <p>CHT St Christophers is in Auckland and is part of Christian Healthcare Trust (CHT). CHT oversee sixteen aged care facilities in the North Island: three in the Bay of Plenty, one in Waikato, and twelve in Auckland. The governance body of CHT consists of six trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is an experienced director and chairs other organisational Boards. The chief executive of CHT reports to the Board. Area managers' report to the chief executive. The area managers and the chief executive are based at head office in Auckland. There are sub committees including the Audit and Risk Committee, the Age Care Fund, the Quality, Health and Safety Committee, and Remuneration Committee. The committee membership for these committees includes several Board members, as well as members from the Senior Management Group. These committees meet at regular intervals during the year. The CHT Healthcare Trust Board functions within a constitution and rules last notified to the Registrar of Charitable Trusts of Auckland in 2012. 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.</p> <p>With the introduction of the Ngā Paerewa Health and Disability Services Standard, the Senior Management Group has developed an action plan to ensure the successful implementation of the Standard. Governance are overseeing this via a standing agenda item on the QHSC. Quality and Risk data is reported to the Board through the Audits and Risk Committee.</p> <p>The area manager interviewed explained the strategic plan, its reflection and collaboration with Te Pūtahitanga o Te Waipounamu agency to</p>
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		<p>address Māori barriers to equitable service delivery, which aligns with the Ministry of Health strategies. The chief executive and the Board approve the annual business plan. The plan includes operational and clinical objectives ensuring quality and risk and are reviewed at regular intervals. Progress on goal achievement is assessed monthly by the Board. The CHT St Christophers business plan aligns with the CHT business plan and is approved by the area manager and the chief executive.</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.</p> <p>The unit manager is an experienced manager and has been in the role permanently for two years. They are supported by a clinical coordinator who is new to his role and a stable team of care and administration staff. The unit manager is also supported by the area manager. The unit manager reports a historical turnover of registered nurses; however, the current cohort is stable. Recruitment of RNs has occurred, with one RN part time vacancy outstanding pending return from maternity leave. There are casual RNs who provide cover.</p> <p>The unit manager and clinical coordinator have attended training over eight hours over the past year, appropriate to their role.</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</p>	<p>FA</p>	<p>CHT St Christophers is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the unit manager and the area manager. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the unit manager and clinical coordinator. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Benchmarking also occurs against other CHT facilities and externally against other New Zealand aged care providers. Results are</p>

<p>health care and support workers.</p>		<p>shared in monthly staff meetings and with head office. Monthly staff meeting agendas include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Resident/family/whānau satisfaction surveys are completed monthly, with residents/family/whānau invited on the month of their yearly anniversary of admission date, with the aim of covering all residents and families/whānau over the year. Surveys completed in 2023 reflect high levels of resident/family satisfaction of care in the categories surveyed.</p> <p>All resident incidents and accidents are recorded, and data is collated. Thirteen accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the unit manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted in 2022 and 2023 for RN shortages. On the days of the audit, there was a Section 31 notification regarding RN staffing due to staff illness and no Bureau RNs available to cover. Further to these, there had been notifications for a stage IV pressure injury; a resident who left St Christophers without staff knowledge; and sexual contact between residents. Change of manager notifications were made as required. There has been one outbreak of Covid-19 since the previous audit, which was notified appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>PA Low</p>	<p>The CHT St Christophers staffing policy describes rostering requirements and the use of Bureau staff to support the RN roster. The service has been unable to provide a RN on site at times (afternoon and night shifts between March 2022 and October 2023, including the afternoon shifts on</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>the 5 and 6 October) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as afternoon and night shift duty leads on site, in addition to having the unit manager and clinical coordinator on call.</p> <p>The RNs and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The unit manager and the clinical coordinator work full time from Monday to Friday. The unit manager and the clinical coordinator both cover after-hours advice and on call 24/7.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>Laundry, cleaning, and kitchen staff are employed by an external company. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule being implemented that exceeds eight hours annually. The education and training schedule lists compulsory training. There is an attendance register for each training session and an individual staff member record of training.</p> <p>External training opportunities for care staff include training through Te Whatu Ora - Te Toka Tumai Auckland, hospice, and the organisation's online training portal, which can be accessed on personal devices.</p> <p>Senior HCAs, RNs and activities staff have first aid certificates. All senior HCAs, and RNs have current medication competencies. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are twenty-seven HCAs in the facility; seventeen have achieved a level three or higher NZQA qualification, with a further six having a level two qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies,</p>
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		<p>including (but not limited to): restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Six RNs (including the clinical coordinator) are interRAI trained. All RNs also attend external training, through webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. The appraisal policy is implemented and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Staff interviewed stated the orientation programme prepared them for their role.</p> <p>Practising certificates for other health practitioners are also retained to provide evidence of their registration. A register of RN practising certificates is maintained within the facility.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Five resident clinical files were reviewed: one rest home and four hospital level care (including one young person with disability (YPD), a resident with an interim care contract and one resident on an ACC contract).</p> <p>A RN completes an initial assessment and care plan on admission. Initial care plans for long-term residents reviewed were evaluated by the RNs within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the</p>

	<p>needs and supports documented in the resident electronic and hard copy care plans and were resident focused and individualised. The completed interRAI assessments (including YPD, ACC and interim care residents) link to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were consistently comprehensive to a level of detail that sufficiently guide staff in the care of the resident. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds and weight loss are recorded on short-term care plans as per policy. Care plans had been evaluated at least six-monthly. Residents and family/whānau interviewed confirmed that they participate in the care planning process and review.</p> <p>The service has systems and processes to support all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>The service contracts with the local medical service and the general practitioner (GP) visit weekly. The GP completes three-monthly reviews, admissions, see residents of concern and provide on-call service during work hours. Out of hours on-call service is provided by a team of GPs from a local medical service. The GP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. There is a contracted physiotherapist who visits four hours a week, and a podiatrist who visits six-weekly. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling.</p> <p>Family/whānau interviewed stated their family/whānau needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review and if required a GP visit. Family/whānau are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were</p>
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		<p>being changed appropriately in line with the documented management plan. Documentation of progress towards healing in the evaluation section was completed. The wound clinical nurse specialist and the GP have input into chronic wound management. On the day of the audit, there were six residents who had ten wounds, including skin tears and one stage IV pressure injury. Registered nurses and HCAs receive training on wound management and pressure injury management.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights, vital signs, turning schedules, and fluid balance recordings. Incident reports reviewed evidenced timely RN follow up of all incidents. Neurological observations were completed as per policy for all unwitnessed falls.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. Healthcare assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system, entered by the HCAs, and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>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>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored securely. The internal audit schedule includes medication management six-monthly. All staff who administer medications have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. There is a hospital stock of medications which are checked for quantity and expiry. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There were no residents self-administering medications on the day of the audit. Competencies and</p>

		<p>safe storage were implemented as per policy. All medication errors are reported and collated with quality data.</p> <p>The medication room temperature monitoring and recording has been completed. The fridge temperatures were consistently monitored and recorded weekly. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The medication charts were reviewed by the GP three-monthly. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented on the electronic medication management system.</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>There is a current food control plan in place which expires on 1 June 2024. A resident's nutritional profile is completed on admission, which identifies dietary requirements and likes and dislikes; a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times.</p> <p>The interviewed residents and family/whānau expressed satisfaction with food portions and the options available.</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</p>	FA	<p>The RNs interviewed described exits, discharges, or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their family/whānau were involved in all exits or discharges to and from the service and can ask questions. A copy of the resuscitation status, family/whānau/enduring power of attorney or next of kin contact numbers, latest medication chart, progress notes, and last GP consultation notes are included in transfer information. A verbal handover is provided. Referrals to other health and disability services is evident in the resident files reviewed.</p>

<p>provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness which expires on 16 March 2024. A preventative maintenance schedule is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations of weigh scales, and clinical equipment testing, which are all current. Monthly hot water tests are completed for resident areas and are within expected ranges. The environment is inclusive of residents' cultures.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The organisation incorporates CHT the 'Bug Control' manual into its IP procedures. The infection control programme has been approved by the Board. An annual review of the infection control and prevention plan occurs, this links to the quality goals and is provided to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents.</p> <p>Relevant training is included in the annual training plan and is part of staff orientation. There have been infection prevention and control in-services for staff with associated competencies such as handwashing and use of personal protective equipment. Education with residents takes place by staff as part of the daily cares. Family/whānau are kept informed and updated as required about relevant changes to the service's infection control and prevention processes and procedures.</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</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for</p>

<p>ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>trends, monthly and annually. The clinical coordinator completes a comprehensive six-monthly review, and this is reported to management, all staff and to head office. Infection control surveillance is discussed at monthly staff meetings. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infections, with information on care and prevention.</p> <p>There has been one Covid-19 outbreak since the previous audit. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and unit manager at interview described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their family/whānau were updated regularly.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>Organisational policies regarding chemical safety and waste disposal were evidenced. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys used by the cleaners are always attended and there are chemicals that can be accessed by residents. The areas for improvement identified at the previous audit relating to HDSS:2008 # 1.4.1.1, have been addressed.</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</p>	FA	<p>The restraint policy confirms that CHT Healthcare Trust organisation is committed and continues to work actively to minimise the use of restraint and demonstrate commitment toward eliminating restraint. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required. CHT St Christophers has three residents who have</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>bedrail restraints.</p> <p>Monthly restraint reports are completed, discussed at staff meetings, and restraint data for all CHT units is included in management reports to the Board. The service is working towards completing a report that provides detail to identify strategies implemented at unit level related to restraint minimisation and in line with the commitment toward eliminating restraints. Restraint minimisation training is provided during orientation to the service and is included in the education planner.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</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	As per the ARC contract with Te Whatu Ora- Te Toka Tumai Auckland, an aged care facility providing hospital level care is required to always have at least one RN on duty; however, the service has been unable to provide a RN on site for several night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced RNs on-call.	The service does not have enough RNs to always have a RN on duty as per the ARC contract D17.4 a. i.	<p>Ensure a RN is always on duty to meet the requirements of the ARC contract D17.4 a. i.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.