

CHT Healthcare Trust - Waiuku Hospital and Rest Home

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust	
Premises audited:	Waiuku Hospital and Rest Home	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 11 January 2023	End date: 11 January 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:	57	

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 Waiuku provides rest home and hospital level of care for up to 60 residents. On the day of the audit there were 57 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts 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 residents, family, management, staff, and a general practitioner.

The unit manager is appropriately qualified and experienced and is supported by a clinical coordinator (registered nurse). There are quality systems and processes being implemented. Feedback from residents and families was very 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.

There were no shortfalls identified at the previous audit.

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

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.

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. A Māori health plan is in place for the organisation. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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 staff. The service has continued with the full quality and risk management programme with a business-as-usual approach. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions resolved in a timely manner.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place. The service is addressing registered nurse staff shortages.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are partially electronic and partially paper based and included medical notes by the general practitioner, and allied health professionals.

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

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

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

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

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

Subsections applicable to this service fully attained.

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

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

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. The service has a robust pandemic plan in place. Appropriate Covid-19 screening is in place for residents, visitors, and staff as required. Pandemic and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been three outbreaks (Covid-19) since the previous audit.

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.

CHT Waiuku strives to maintain a restraint-free environment. At the time of the audit, there were two residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	0	0	0	0
Criteria	0	57	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures 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.	FA	The manager confirmed that the organisation and service supports a Māori workforce. The service had staff identifying as Māori (or having whānau connections) at the time of the audit. The Māori health plan references local Māori health care providers and provides recognition of Māori values and beliefs and the importance of a Māori workforce.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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.	Not Applicable	The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and consultation as the Pacific health plan is developed and implemented.

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>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	The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The unit manager confirmed that the service engages with local iwi and ensures that Māori mana motuhake is recognised. Avenues for engagement are documented in policy. Staff were also able to describe links into the community and to iwi.
<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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>The staff noticeboards contain information on Māori tikanga practice. Interviews with six staff members (one registered nurse, three healthcare assistants, one activity coordinator and one cook) confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described a culture of teamwork.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were residents who identified as Māori. A Māori health care</p>

		plan has been developed for each Māori resident.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The registered nurse (RN) interviewed was knowledgeable around tikanga best practice in relation to consent. The resident files reviewed had appropriately signed consent forms in place, completed by the resident or NOK(Next of Kin or Enduring Power of Attorney). Families/whānau interviewed stated they were involved in supporting the family member in decision making.</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>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The unit manager maintains a record of all complaints, both verbal and written on a complaint register.</p> <p>There have been no complaints in 2022 year to date, and one in 2021, since the previous (certification) audit. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Discussions with seven residents (two rest home, two hospital, one ACC, one younger person with a disability (YPD) and one on a long-term support- chronic health contract) and two family (hospital) confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the monthly resident meetings.</p>

		Interviews with the unit manager, clinical coordinator and quality manager confirmed their understanding of the complaints process. Staff interviewed confirmed that they receive training on the complaints process, relative to their job role and responsibilities and in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights. This training begins during their orientation to the service.
<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>	FA	<p>Waiuku is part of the CHT group of facilities. The building is a purpose-built single level facility providing hospital – geriatric/medical and rest home, for up to 60 residents. On the day of audit there were 57 residents. All bedrooms are identified as being dual purpose. There were 17 rest home level residents and 40 hospital residents, including one on an ACC contract. All other residents were under the age-related residential care (ARRC) services agreement. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The unit manager is a registered nurse who maintains an annual practising certificate and has been in the role for six years. The clinical coordinator is a registered nurse who has been in the role for three months with over six years' experience in aged care. The unit manager reports to the area manager fortnightly on a variety of operational issues. The unit manager has been in CHT services for 15 years and has completed in excess of eight hours of professional development in the past 12 months. There are unit review meetings, monthly clinical and manager meetings separately and monthly reports to the Board. The Board reports include progress against key performance indicators which are also discussed at the meetings identified above.</p> <p>CHT has an overall business/strategic plan with a facility quality and risk management programme in place for the current year. Waiuku has set quality goals, and these also link to the organisation's strategic goals. The unit manager and clinical coordinator were able to describe the company's quality goals. The service organisation philosophy and strategic plan reflect a resident/whānau-centred</p>

		<p>approach to all services.</p> <p>The management team was able to get support from a kaumātua; however, this service is no longer available. The unit manager stated they would be able to work with the GP (who identifies as Māori) and other staff at the medical practice who can provide support. This allows collaboration with mana whenua (staff and whānau contacts) in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>The service has an established quality and risk management programme which includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is collected, analysed, and cascaded for discussion in clinical, management and staff meetings. Staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>A satisfaction questionnaire is sent to residents and family/whānau monthly from head office. The collation of the last data occurred in November 2022 with 94% stating that they were satisfied or very satisfied with care. The reports noted an improvement in satisfaction from the previous satisfaction survey completed in 2021. The surveys completed consistently reflect high levels of satisfaction which was also confirmed during interviews with the residents and family/whānau interviewed.</p> <p>The quality programme uses a risk-based approach. The unit manager oversees health and safety activities and reports on these to the area manager. There is an audit of emergency systems and</p>

		<p>health and safety which is completed as per schedule. Any corrective actions are signed off and reported as required to the area manager. The service has a hazard register that was last reviewed in 2022. Staff health and safety training begins during orientation. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff interviewed felt well supported by the unit manager, particularly around health and safety issues if these arose.</p> <p>Each incident/accident is documented in hard copy. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. Discussions with the unit manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There had not been a requirement to submit any Section 31 reports since the last audit. There have been three Covid-19 outbreaks documented since the last audit (in February/March 2022, August 2022, and December 2022). All parties, including Public Health and the funder, were appropriately notified, with the outbreaks managed and staff debriefed.</p> <p>Staff complete cultural training to ensure high quality services are provided. Quality data is benchmarked, and results are used to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The clinical coordinator, registered nurses, a selection of HCAs and the activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, nurses, and casual staff. Out of hours on-call cover is provided by the unit manager and clinical coordinator. The unit manager and clinical coordinator cover for each other, with the support of the area manager, in the event of an absence.</p> <p>Staff and residents are informed when there are changes to staffing</p>

		<p>levels, evidenced in staff interviews.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness training took place in 2022, including the provision of safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provides resources to staff to encourage to participate in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Training records reviewed showed that there was excellent attendance from all staff to sessions provided. External training opportunities for care staff include training days provided by Te Whatu Ora- Counties Manukau.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 38 HCAs employed, 22 have completed level four; 12 have level three; one has level two and three have completed level one. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), medication administration (if medication competent) and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include an interRAI assessment competency. All four RNs and the clinical coordinator are interRAI trained. All care staff are encouraged to also attend external training, 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</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service has a role-specific orientation programme in place that</p>

culturally safe, respectful, quality care and services.		<p>provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>A register of practising certificates is maintained for all health professionals.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with an employee ethnicity database maintained.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The unit manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which goes to head office. The report includes ethnicity and iwi details. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and</p>	FA	<p>Five resident clinical files were reviewed: two rest home and three hospital level care. A registered nurse completes an initial assessment and care plan on admission. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic care plans. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan to address medical and non-medical needs were comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system and hard copy documents (the facility is transitioning to the electronic system), were resident focused and individualised. Care plans include allied health and external service provider involvement. Short term needs such as current infections, wounds and weight loss are recorded on short-term care plans. Care plans had been evaluated at least six-monthly or earlier if required. Residents and whānau interviewed confirmed that they participate in the care planning process and review.</p> <p>The service contracts with the local medical centre and there are two general practitioners (GP) who each visit weekly. The GP's complete three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service till 8 pm. After 8 pm, the facility contacts the hospital. The GP (interviewed) stated he is 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 works ten 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>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultant occurs. Family members are invited to attend GP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. The</p>
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		<p>electronic wound care plan documents assessments, wound management plan and evaluations are documented with supporting photographs and documented wound assessments. The district nurse, specialist wound clinic and GP have input into chronic wound management. There are currently three pressure injuries, all of which were non-facility acquired. The stage I pressure injury is almost healed and there are two stage II pressure injuries.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules and fluid balance recordings and charts were implemented according to the care plan interventions. Incident reports reviewed evidenced timely RN follow up of all incidents. Neurological observations were fully completed as per policy for all unwitnessed falls.</p> <p>Healthcare assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the healthcare assistants and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Registered nurses interviewed had a knowledge of care being delivered based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. Cultural training is completed annually. Care plans include the physical, spiritual, whānau, and mental health of the residents. For end of life care they use Te Ara Whakapiri.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to</p>	FA	<p>There are five activities assistants, and they cover seven days a week. There are monthly themes, for example, Māori Language week, Matariki, ANZAC, Easter, and Christmas. The planner has one on one activities, such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>Community groups such as schoolchildren, entertainers and kapa haka groups visit. During Māori language week, the residents were encouraged to learn a new word in te reo each day. The residents are provided with opportunities to participate in te ao Māori. The facility is developing further community links with local iwi, noting that the manager and the staff who identify as Māori, have links already.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent healthcare assistants administer medications, all have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There was one resident self-administering medications on the day of the audit. Competencies and safe storage were implemented as per policy. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used.</p> <p>Ten 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. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects.</p>

		The registered nurses and management described working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and possible side effects.
<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	The four-weekly seasonal menus have been approved and reviewed by a registered dietitian. When interviewed, the head cook stated that they have 28 years' experience and caters for different cultures (including Māori), and often caters for cultural days (eg, Matariki). The staff all demonstrated a good knowledge of tapu and noa practices.
<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	The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their families/whānau were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the advance directives, advance care plan (where available), consent forms, transfer report and medication chart are included in transfer information. A verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.
<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>	FA	The building has a current warrant of fitness which expires on 17 September 2023. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations of weigh scales, and clinical equipment testing, which

<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>are all current. Weekly hot water tests are completed for resident areas and are within expected ranges.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night. There is external security lighting.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan, which includes the Covid-19 response plan and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is able to incorporate information in te reo Māori around infection control for Māori residents, through the unit manager and through staff members who identify as Māori. The unit manager and staff who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed were knowledgeable around culturally safe practices around infection control in relation to their roles.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and staff meetings. Meeting minutes and graphs are displayed for staff. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been three outbreaks since the previous audit, all of Covid-19 in 2022. The facility followed their pandemic plan. Staff wore personal protective equipment (PPE), with residents and staff having rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted. A record of numbers of infections (for residents and staff) was kept and a review of practice completed at the end of each outbreak.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include working in partnership with residents and family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. The CHT organisation is committed to actively minimising the use of restraint. Restraint data is collated and analysed monthly and is discussed at quality/staff meetings. Restraint data is included in management reports to the Board.</p> <p>Two residents were using restraints at the time of the audit. The restraint coordinator (clinical coordinator) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.