

CHT Healthcare Trust - Carnarvon Private Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Carnarvon Private Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 August 2023 End date: 23 August 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:	55

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 Carnarvon Private Hospital is owned and operated by CHT Healthcare Trust and cares for up to 60 residents requiring hospital (medical and geriatric) and rest home level of care. On the day of the audit there were 55 residents.

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

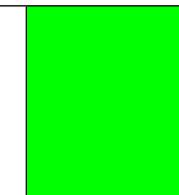
There have not been any changes in management since the last audit. The unit manager (RN) is appropriately qualified and experienced in healthcare management. The unit manager is supported by a clinical coordinator who has been in the role since 2019. They are both supported by the CHT area manager.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall relating to meetings.

The service was awarded a continuous improvement rating for recognition of Māori and implementation and integration of the Māori health plan into day-to-day service delivery.

Ō tatou motika | Our rights

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

CHT Carnarvon provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

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

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at unit level, reported to the area manager and a consolidated report and analysis of all CHT facilities are then provided to the Board each month.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by a general practitioner and visiting allied health professionals.

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

The diversional therapist provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences and cultural needs.

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

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

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

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

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

The facility is divided into six suites, each with an individual lounge and dining area. All bedrooms are single occupancy. All rooms have a handbasin, with a mixture of ensuites, shared ensuites between adjoining rooms, and a sufficient number of communal

facilities. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

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

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
---	--	---

A suite of infection prevention and control policies and procedures are documented. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform the service providers.

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 collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through meetings, and education sessions. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been four Covid-19 outbreaks since the previous audit, and this has been well documented and managed.

The infection control resource nurse is a registered nurse. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed, with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. There are contracted housekeeping staff, who provide all cleaning and specific off-site laundry duties. Documented policies and procedures for the contracted cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	---	--

Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had no residents using restraint.

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	26	0	1	0	0	0
Criteria	1	166	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.

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. CHT is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Links are established with the local kaumātua via CHT Carnarvon Māori staff and residents and kaumātua at Te Whatu Ora Health New Zealand - Waitematā. Comprehensive Māori assessments are completed for residents who identify as Māori.</p> <p>The unit manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at CHT. The CHT Carnarvon business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori.</p> <p>Residents and family/whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs. Interviews with fifteen staff (ten healthcare assistants [HCA], two registered nurses [RNs], one maintenance person, one chef manager, one diversional therapist) and three managers (unit manager, clinical coordinator, and area manager) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p> <p>The service has exceeded the standard around improving services for Māori residents and integrating the Māori health plan into daily practice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit and the unit manager confirmed that the residents' whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with ten residents (four rest home and six hospital) and three family/whānau (hospital) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Carnarvon partners with Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are relationships and consultation with Pacific providers and includes (but not limited to) Pacific churches that visit twice weekly and the Fono to provide services for Pacific People and staff.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages.</p> <p>The service is actively recruiting new staff. There are staff currently employed that identify as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The unit manager, clinical coordinator or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held weekly. Staff have completed cultural training which includes Māori rights and health equity. The service recognises Māori mana motuhake, which is reflected in the Māori health care plan and specific resident focussed goals.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, as sighted in the information pack given to residents on admission and noted with one active complaint.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p>

		<p>The CHT annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2023 confirmed that residents and families/whānau felt they are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit the resident and they felt welcomed.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The unit manager confirmed that cultural diversity is embedded at CHT Carnarvon and was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori.</p>
Subsection 1.5: I am protected from abuse	FA	An abuse and neglect policy is being implemented. CHT Carnarvon policies prevent any form of institutional racism, discrimination,

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>coercion, harassment, or any other exploitation. CHT as an organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. CHT Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The 2022 and 2023 staff engagement survey (sighted), evidence positive comments related to teamwork, leadership, atmosphere, and a positive workplace culture.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic and hard copy accident/incident forms have a section to indicate if next of kin have been informed of an adverse event. This is also</p>

<p>their choices.</p>		<p>documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. This was confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English and had interpreter services available.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and Te Whatu Ora Health New Zealand - Waitematā specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The unit manager and clinical coordinator described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events and changes through regular communication and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</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>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant</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>best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter was on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The unit manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>Nine complaints have been lodged since the previous audit. One complaint received from HDC September 2021, with involvement of Advocacy Services, remains open. Letter dated December 2022 from Advocacy Services confirms that the report has been completed and provided to the Health and Disability Commissioner and as such Advocacy file has been closed. CHT Carnarvon has implemented system based corrective actions to a standard that prevents similar incidents occurring in the future and the service continues to assess compliance through the internal auditing process.</p> <p>Complaints logged since last audit (February 2022) include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and registered nurses' meetings (minutes sighted). Higher risk complaints are managed with the support of the area manager.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility, nurses station and on</p>

		<p>request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the unit manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The unit manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Carnarvon is located in Henderson in Auckland and is part of CHT Healthcare Trust (CHT). CHT oversee sixteen aged care facilities on the North Island, three in the Bay of Plenty, one in Waikato, and twelve situated around Auckland. CHT Carnarvon provides care for up to 60 residents at hospital level (medical and geriatric) and rest home level of care. All rooms are dual purpose and for single occupancy.</p> <p>On day one of the audit, there were 55 residents: 8 rest home and 47 hospital level, including two younger person with a disability (YPD) and one under the accident compensation corporation (ACC) funding. The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT's key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal.</p> <p>The business plan (2022-2023) includes a mission statement and operational objectives with site specific goals related to budgeted occupancy, complaints management, resident satisfaction, availability of standard rooms, customer engagement and staff</p>

		<p>satisfaction. The unit manager reports on these areas monthly to the area manager.</p> <p>CHT is a charitable/ not for profit organisation. The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. The area manager interviewed explained the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The Quality, Health & Safety Committee (QHSC), which is a sub-committee of the Board and reports to the Board, includes 'Monitor CHT's compliance with its policies and procedures on quality health and safety and relevant legislation and contractual requirements,' as a part of its responsibilities.</p> <p>With the introduction of the Ngā Paerewa Health and Disability Services Standard, the Senior Management Group has developed an action plan to ensure the successful implementation of the Standard. The governance body are overseeing this via a standing agenda item on the QHSC.</p> <p>CHT's Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. This is a governance document. Cultural advisors at the governance level ensure Māori have meaningful representation in order to have substantive input into organisational operational policies. CHT's Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori Health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. We have established a Māori working party to complement this action. Included in this working party is a kaumātua from Te Whatu Ora- Waitemata</p>
--	--	---

		<p>The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the monthly staff/quality meetings. Benchmarking is done with other CHT facilities monthly and externally through other New Zealand aged care providers quarterly.</p> <p>The unit manager (registered nurse) has been in the role for six years. The area manager, clinical coordinator, and registered nurses support the unit manager.</p> <p>The manager has completed more than eight hours of training related to managing an aged care facility and includes privacy related training, CHT specific business, infection control, cultural, Te Tiriti O Waitangi and restraint training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>CHT Carnarvon has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at unit level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in quality/staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. However, meetings have not been completed as per schedule and the minutes do not always provide evidence of corrective actions having been implemented and signed</p>

		<p>off.</p> <p>Resident/family satisfaction surveys are completed monthly, with a selection invited each month (on the yearly anniversary of their admission), with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2022 and 2023 reflect high levels of resident/family satisfaction related to care, friendliness, and general maintenance. Corrective measures are being implemented for food and laundry services that have been scoring low in the surveys. A steering group comprising of residents and the unit manager has been established and meets twice a month to review food service and put through recommendations for improvement. Laundry audits are regularly completed by staff.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the Ngā Paerewa Standard (NZ8134:2021). Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service.</p> <p>A health and safety system is being implemented, with the service having a trained health and safety representative who is the unit manager. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Twelve accident/incident forms reviewed for April to July 2023 indicated that the electronic forms are completed in full and are signed off by an RN and the unit manager/clinical coordinator. Incident and accident data is collated monthly and analysed by both the unit manager and the area manager. Results are discussed in the staff/quality meetings.</p> <p>Discussions with the unit manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Five Section 31's related to RN staffing (January to July 2023), had been submitted since the previous audit. There have been four Covid-19 outbreaks (April, July, September 2022, and August 2023) since the last audit. These were appropriately notified,</p>
--	--	--

		managed and staff debriefed.
<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 registered nurses, activity coordinator and a selection of HCAs have completed first aid training. There is a first aid trained staff member on duty 24/7.</p> <p>The full registered nurse compliment roster is documented. Sufficient staff are rostered on to manage the care requirements of the residents. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes. Although CHT Carnarvon has completed and submitted registered nurse shortage Section 31 notifications to the Ministry and Te Whatu Ora Health New Zealand– Waitematā; review of the rosters demonstrates that the facility has been able to meet contractual requirements as they always have a registered nurse on duty 24/7 (with cover from the clinical coordinator and unit manager as required). The service makes use of healthcare assistants who are internationally qualified nurses and have achieved New Zealand Qualification Authority (NZQA) in instances of when there is one registered nurse instead of two on the roster.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, nurses, or bureau staff. Out of hours on-call cover is shared on a rotation between the unit manager and clinical coordinator. The clinical coordinator will perform the unit manager’s role in their absence.</p> <p>The roster reviewed for the last three weeks demonstrated that shifts were fully covered and backfilled when staff were absent on short notice. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>The unit manager (RN) and clinical coordinator (RN) are available Monday to Friday. The diversional therapist works Monday to Friday.</p>

	<p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Alura and clinical topics), which includes cultural awareness training. Staff have completed cultural awareness training online which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>External training opportunities for care staff include training through Te Whatu Ora -Waitematā, hospice and the organisation's online training portal, which can be accessed on personal devices.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-five HCAs are employed. Sixty nine percent HCAs have achieved a level 3 NZQA qualification or higher. The CHT Carnarvon orientation programme ensure core competencies and compulsory knowledge/topics are addressed.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies, including (but not limited to) restraint; handwashing; correct use of PPE; cultural safety; emergency management; fire; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Eight registered nurses (including the clinical coordinator) are interRAI trained. All registered nurses are encouraged to also attend external training, webinars and zoom training where available. Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted).</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support both with work and home life issues.</p>
--	--

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files reviewed (two RNs, three HCAs, one clinical coordinator and one activity coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented CHT business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable,</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The unit manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The unit manager is available to answer any questions regarding the admission process and a waiting list is managed. The unit manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. CHT Carnarvon has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my</p>	<p>FA</p>	<p>Two rest home level care resident files, and six hospital level care; including one ACC, and one younger person with disability (YPD) resident files were reviewed. The registered nurses are responsible</p>

<p>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>	<p>for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The RN completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. All residents, apart from the ACC and YPD, had an interRAI assessment. These two residents had a full suite of assessments completed in the electronic resident management system (V-Care). Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and a regular general practitioner provides twice weekly visits. The general practitioner service also provides out of hours cover. The general practitioner records their medical notes in the integrated resident file. The general practitioner interviewed was complimentary of the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist who works 24 hours a week. A podiatrist visits regularly. Other specialist services are available by referral. A dietitian is available through CHT head office. A wound care specialist nurse and speech language therapist are available as required through Te Whatu Ora- Waitematā.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by HCAs. The registered nurses and clinical coordinator further add to the progress notes if there are any</p>
--	---

		<p>incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the registered nurses evaluate the resident's wellbeing, or there is a review initiated with the general practitioner. Family was notified of all changes to health, including infections; accident/incidents; weight loss; general practitioner visits; medication changes; and any changes to health status.</p> <p>Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound dressings were being changed appropriately and a wound register is maintained. Advice is sought from the wound care specialist nurse as required. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. There is currently one stage I pressure injury which is resolving. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Registered nurses and HCAs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Healthcare assistants interviewed knew to report to registered nurses if a resident was not eating and registered nurses confirmed this. Neurological observations are completed for unwitnessed falls, or where there is a head injury. All incident reports reviewed evidenced timely follow up by a registered nurse.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>CHT Carnarvon has implemented an activity programme over seven days. This is led by a diversional therapist who works Monday to Friday, and HCAs out of hours. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the</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>RNs, with input from the diversional therapist. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards. They include (but not limited to) exercises; reading news; word games; board games; bingo; golf; arts; and crafts. Seasonal celebrations include (but are not limited to) Anzac Day; Easter crafts and church services; mid-winter; pink ribbon day; Matariki; Waitangi Day; St Patricks day; Father's Day; and Mother's Day.</p> <p>The programmes allow for flexibility and resident choice of activity. One on one activities such as individual walks, chats, and hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources to accompany activities. There is a facility cat. Van outings take place at least weekly. Church services are held regularly, with a mixture of non-denominational, Catholic, and Korean church visits. Residents are encouraged to maintain links to the community. Residents go out for coffee and shopping with families/whānau, the RSA, and Salvation Army meetings. There are entertainers weekly. The local primary school visits and provides cultural performances (this includes Māori and Pasifika).</p> <p>Residents actively contribute to community initiatives that meet the health needs and aspirations of Māori and whānau by knitting for the local maternity ward and making wooden gift boxes for Starship Hospital at Christmas.</p> <p>The activities team incorporates the principles of Te Whare Tapa Whā into their programme, with other culturally appropriate activities, including Māori language week, the use of te reo Māori, and traditional crafts including Tapa, Korowai, Harakeke weaving and poi making. A kaumātua leads the residents in prayer every morning.</p> <p>There are seating areas where quieter activities can occur. The residents interviewed described how they enjoy attending the activities and contributing to the programme. The service receives</p>
--	--	--

		<p>feedback and suggestions for the programme through regular resident meetings and surveys. The residents and relatives interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe 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>There are policies and procedures in place for safe medicine management. Medications are stored safely in a central medication room. Registered nurses and medication competent HCAs administer medications, and complete annual competencies and education. All medications are administered from prepacked robotic sachets. The registered nurse checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering their medications on the day of audit. There are no standing orders in use and no vaccines are stored on site.</p> <p>The medication fridge and room air temperatures are checked and recorded daily. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening.</p> <p>Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The general practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted either regular doses or as required. There are currently no over the counter or supplements in use. These would be considered by the prescriber (general practitioner) as part of the person's medication if used.</p> <p>The registered nurses and management confirmed their ability to work in partnership with Māori whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is contracted out. A chef manager oversees food services. There is a fully functional kitchen, and all food is cooked on site by contracted kitchen staff. Staff have been trained in food safety and chemical safety. The four-week winter/summer menu is reviewed by a registered dietitian at head office level. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. The kitchen uses temperature controlled hot boxes to distribute food to the dining rooms and food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Kitchen staff and care staff interviewed understood necessary Māori practices in line with tapu and noa.</p> <p>There is a current food control plan in place which expires 7 April 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are attended by the chef manager when required. Resident preferences are considered with menu reviews. The chef manager stated that cultural preferences are catered for, giving examples of Taro, Indian dishes, and boil ups being provided. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are referred to the dietitian. The dietitian informs the care staff and kitchen of any extra requirements. All CHT facilities use the</p>

		'replenish, energy and protein' (REAP) programme.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. The service works alongside residents and families/whānau to ensure they have access to other health and disability services and social support or Kaupapa Māori agencies where required or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current building warrant of fitness which expires on 15 December 2023. The maintenance person works full time, covering two sites, and is on call as required. There is a maintenance request book for repair and maintenance requests located at reception. This is checked and signed off when repairs have been completed. There is a monthly, three-monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging and calibration of equipment, resident equipment checks, call bell checks, and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment and calibration of medical equipment was completed in October 2022. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility is divided into six suites, each with an individual lounge and dining area. Each lounge has a small kitchenette where residents and families/whānau can make tea and coffee. All bedrooms are single occupancy. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents can</p>

		<p>manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. The bedrooms were personalised. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. There are enough toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>There are small library areas, seating alcoves throughout the facility, and areas equipped for resident activities, including a pool table, and table football. Fixtures, fittings, and flooring are appropriate. The external area is well maintained and has seating, shade, raised garden beds and decking.</p> <p>There is thermostatically controlled electrical floor heating. Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility is non-smoking.</p> <p>There are no plans for redevelopment; however, if there are in the future, the management are aware of their obligation to seek Māori advice to ensure their aspirations and identity is included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was last held 25 July 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a cupboard, and these are checked six-monthly. In the event of a power outage, there is an on-site generator and there are alternative cooking methods available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day for three days.</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always on duty.</p> <p>There are call bells in the residents' rooms and ensuites and</p>

		<p>lounge/dining room areas. Residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Currently visitors are asked to sign in and to always wear a mask.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bug Control, and they meet annually with all CHT infection control staff following this review. Infection control audits are conducted. Infection rates are presented and discussed at quality and staff meetings. Infection control data is also sent to head office where it is reported at monthly Board meetings. The data is also benchmarked with other CHT facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and Te Whatu Ora – Waitematā. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations.</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>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan. The online infection control manual from Bug</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>Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Bug Control in consultation with infection control resource nurses. Policies are available to staff.</p> <p>CHT has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation and planning for the management of lockdowns, screening, transfers into the facility and positive tests. There is ample personal protective equipment, with extra stocks available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions.</p> <p>The infection control resource nurse oversees infection control and the antimicrobial stewardship programme across CHT Carnarvon and is responsible for coordinating/providing education and training to staff. The job description outlines the responsibility of the role. Two registered nurses support the infection control resource nurse. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff and also available electronically. Staff have completed infection control related education in the last 12 months. The infection control resource nurse has access to an online training system with resources, guidelines, and best practice. There is good external support from the general practitioner, laboratory, Bug Control, and Te Whatu Ora – Waitematā infection control nurse specialist. The infection control resource nurse has completed infection control audits.</p> <p>The infection control resource nurse has input to purchasing supplies and equipment. Infection control team have input if there were plans or refurbishments taking place. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use and internal audits have been updated to include this. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are</p>
---	--	--

		<p>carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations.</p> <p>The service incorporates te reo Māori information around infection control for Māori residents. Māori protocols are adhered to, and staff are able to describe these practices, acknowledging the spirit of Te Tiriti. Educational resources in te reo Māori is accessible and displayed for staff, residents, and visitors. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality/staff meeting, as well as the registered nurses' meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Prescribing of antimicrobial use is monitored, recorded, and analysed at unit level. Antibiotic use is reviewed monthly by the infection control team and the general practitioner and discussed at registered nurses' meetings. Review of antibiotic and antimicrobial use is through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes.</p> <p>Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at unit level and national level. Feedback occurs from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control resource nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</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>Monthly infection data is collected for all infections based on standard definitions, signs, symptoms and reporting criteria. Infection control data is entered into the infection register on the electronic risk management system. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the staff quality meeting, and registered nurses' meetings. Meeting minutes and graphs are displayed for staff. Ethnicity data is included in benchmarking of infection control data and analysed at unit level (as sighted in the infection control monthly report) and at national level. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and the local hospital for any community concerns.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements, if appropriate for isolation.</p> <p>There have been four Covid-19 outbreaks since the previous audit; April 2022, July 2022, September 2022, and August 2023. All the outbreaks were managed effectively, and CHT Carnarvon worked alongside the Public Health team and Te Whatu Ora– Waitematā.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are asked not to visit if unwell. Record keeping of all incoming and outgoing visits is maintained.</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</p>	<p>FA</p>	<p>The facility implements CHT waste management policies that conform to legislative and local council requirements. Cleaning services are provided seven days a week by a contracted company.</p>

<p>the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a secure space on the cleaning trolley and the trolley is kept in designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals when not in use. Cleaning staff are aware of the requirement to keep their cleaning trolleys in sight, and this was observed to be occurring at the time of the audit.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room and laundry area. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is one centrally located sluice room which has a sanitiser and sink. Eye protection (goggles and face shields) are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. All cleaning services are contracted out.</p> <p>All laundry (resident’s clothing, linen, and towels) for CHT Carnarvon is processed off site by a contracted service. Laundry is transported in colour coded bags with specific facility name tag on it by a dedicated laundry delivery service. Residents’ clothing is labelled and personally delivered to their rooms. There are defined clean/dirty areas for the pickup and drop off.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. Residents and relatives interviewed were satisfied with the standard of cleanliness and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families/ whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>services are mana enhancing.</p> <p>The designated restraint coordinator is a registered nurse. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the clinical, and staff/quality meetings and to CHT head office. The restraint coordinator interviewed described the focus on restraint elimination. Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>Monthly quality/health and safety/staff meetings 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 with corrective actions identified and documented. However, the meetings have not occurred monthly as per schedule and the meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off.</p>	<p>i). Meetings have not occurred monthly as scheduled.</p> <p>ii). Meeting minutes (quality/health and safety/staff) reviewed did not demonstrate evidence of corrective actions being followed up and signed off.</p>	<p>i). – ii). Ensure that meetings are completed as scheduled and where corrective actions are identified, these are followed up and signed off when completed.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.1</p> <p>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).</p>	CI	<p>A Māori health plan is documented for the service. The service currently has residents who identify as Māori. The service has well established linkages with the local kaumātua via CHT Carnarvon Māori staff and residents, and kaumātua at Te Whatu Ora Health New Zealand - Waitematā. The unit manager stated that they support increasing Māori capacity in terms of numbers but also supporting Māori in their aspirations, including recognising mana motuhake.</p>	<p>CHT Carnarvon has worked over the last three years to identify and reduce barriers when providing access and delivery of care for Māori. This has been by providing culturally appropriate environment, kaumātua specific care, and involvement of resident kaumātua in decision making of systems and processes within the service. This has seen CHT Carnarvon becoming a safe and welcoming place for kaumātua to live and being the preferred long-term care facility for Te Whatu Ora Health New Zealand – Waitematā to refer kaumātua to.</p> <p>Since 2020 when CHT Carnarvon started working towards increasing outreach and admissions for Māori, the service has welcomed 21 kaumātua into care with some who keep coming back as respite on regular basis. Cultural training related to Treaty of Waitangi, cultural awareness including tapu and noa, has been completed by staff during orientation and ongoing as</p>

		<p>part of the mandatory training. The unit manager is on the advisory group of Te Tāhū Hauora Health Quality and Safety Commission developing the Frailty Care guide for Māori, which has further enhanced the knowledge and awareness of the service to te ao Māori, by sharing any new information during meetings to guide service delivery by staff for Māori.</p> <p>As part of the service, CHT Carnarvon kaumātua and staff have established an admission process which sees new residents being formally welcomed onto the whenua, rooms blessed (prior to or on admission day), karakia done and kai shared with residents and whānau. There is acknowledgement of manakitanga, mana/dignity/prestige of the kaumātua by allowing them to engage and lead in meaningful ways within the facility. This includes (but not limited to) some kaumātua being responsible for supervising morning tea and making Māori bread twice a week which is served to residents; another kaumātua manages the gardens and grows vegetables that are used in the kitchen. Residents continue to maintain linkages with their iwi in the community and visits are facilitated both ways. There is an established farewell process when a resident passes away guided by kaumātua, which includes cultural and spiritual support and is offered to families/whānau and residents.</p> <p>The environment has whānau spaces with self-service kitchenettes which can be accessed and used by large groups of people visiting or spending time with kaumātua. Interview with a group of residents who facilitate the cultural group confirmed that they feel that the service provided by CHT Carnarvon is mana enhancing, shows genuine connection with te ao Māori and creates a homely environment for all to enjoy and be loved.</p> <p>Staff interviewed confirmed that the residents verbalise being happy with service provided and the introduction</p>
--	--	--

			<p>of education sessions for both residents and staff in te reo Māori, has enhanced their knowledge and awareness of Māori culture and world view. The activities coordinator who also identifies as Māori observes kaumātua for Mauri Noho (languishing); Mauri Rere (Unsettled); Mauri Ora (Flourishing); Mauri Tau (Settled or in balance); Mauri Oho (A state of Awakening) and reports any concerns to the team.</p> <p>At the time of the audit, there were two pending admissions of residents identifying as Māori coming in the weeks ahead for permanent admission.</p>
--	--	--	---

End of the report.