# CHT Healthcare Trust - Waiuku Hospital and Rest Home

## Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** CHT Healthcare Trust

**Premises audited:** Waiuku Hospital and Rest Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 23 July 2024 End date: 24 July 2024

**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:** 60

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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 |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

CHT Healthcare Trust (CHT) Waiuku is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 60 residents. There were 60 residents on the days of audit.

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

The care home manager (RN) is appropriately qualified and experienced and is supported by a clinical coordinator and acting area manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service meets the Standard, and a continuous improvement rating is awarded for the implementation of the activities programme.

## Ō tātou motika │ Our rights

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

CHT Waiuku provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

CHT Healthcare Trust has an overarching strategy map with clear business goals to support organisational values. The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that 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 is completed, with corrective actions developed as indicated. Meeting schedules are maintained. A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed. There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents’ assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whanau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents’ specific dietary likes and dislikes. Residents’ nutritional requirements are met. Nutritional snacks are available for residents when required.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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

The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Appropriate emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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

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

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

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

## Here taratahi │ Restraint and seclusion

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

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

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 1 | 167 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | 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 local kaumātua. The service can also access kaumātua from Health NZ Te Whatu Ora – Counties Manukau for support and guidance. Māori assessments are completed for residents who identify as Māori.  The care home manager confirmed that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at CHT. The CHT Waiuku business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.  Twelve staff interviewed (two healthcare assistants (HCAs), three registered nurses (RN), one chef, one kitchen manager, one catering assistant, one cleaner, two activities coordinators, and one maintenance person) described how care is based on the resident’s individual values and beliefs. The service has links with the local Māori community and health service providers. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | 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.  On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit; however, the care home manager confirmed that the residents’ whānau would be 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 six residents (four rest home and two hospital), and four family/whānau (hospital) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.  CHT Waiuku actively consults with current Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are relationships and consultation with Pacific providers and includes (but not limited to) Pacific churches, and the Fono Healthpoint to provide services for Pacific people and staff.  The Health and Disability Commissioner’s (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages. There are staff currently employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care home manager, clinical coordinator, or RNs discuss aspects of the Code with residents and their family/whānau on admission. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.  There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, as sighted in the information pack given to residents on admission and noted with one active complaint. The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and family/whānau. The service recognises Māori mana motuhake, which is reflected in the Māori health care plan and specific resident focussed goals. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | The HCAs interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The CHT Waiuku annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The 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.  Satisfaction surveys completed in 2023 confirmed that residents and families/whānau felt they are treated with respect. This was also confirmed during interviews with residents and families/whānau. Results are regularly shared at residents’ meeting. A sexuality and intimacy policy is in place, with training part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident’s values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents.  Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit the resident and they felt welcomed. Residents' files and care plans identified resident’s preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The management team confirmed that cultural diversity is embedded at CHT Waiuku and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori. |
| Subsection 1.5: I am protected from abuse  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. | FA | The abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Waiuku are expected to uphold. CHT organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. CHT as an organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.  All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. CHT Māori Health Strategy includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.  Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with the acting clinical coordinator, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There are short, and long-term objectives in the CHT Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities. |
| Subsection 1.6: Effective communication occurs  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 their choices. | FA | Information regarding the service is provided to residents and relatives on admission. Quarterly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with family/whānau.  An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated, in addition to staff members who speak the residents’ languages. At the time of the audit all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Te Whatu Ora Health - Counties Manukau 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 management team were able to describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events and changes through regular communication and newsletters. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. 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. 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. | FA | 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 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.  In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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. | FA | The complaints management procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Twelve complaints have been lodged in 2023, and 25 in 2024 year to date. All were of a minor nature and clustered around specific dates. Trends related to food service were identified and a corrective action is in place. There have been no external complaints.  Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the care home 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 management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and RNs meetings (minutes sighted). Any higher risk complaints would be managed with the support of the area manager. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Waiuku is part of the CHT group of facilities. The building is a purpose-built single level facility providing hospital – geriatric/medical, and rest home care for up to 60 residents. All beds are certified for dual purpose use. On the day of audit there were 60 residents in total. There were 14 rest home, and 46 hospital level residents, including one on a young person with disability contract (YPD). All other residents were under the age-related residential care services agreement.  CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT’s key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal. The business plan (2023-2024) includes a mission statement and operational objectives with site specific goals related to budgeted occupancy; complaints management; resident satisfaction; availability of standard rooms; customer engagement; and staff satisfaction. The care home manager reports on these areas monthly to the area manager. 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.  There are two Board sub committees that are involved in the quality and risk management system: the Quality, Health & Safety Committee (QHSC), and the Audit and Risk Committee.  The Quality, Health & Safety Committee (QHSC), reports to the Board and monitors CHT’s compliance with its policies and procedures on quality, health and safety, and relevant legislation and contractual requirements, as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in unit review meetings, as well as being discussed in the monthly staff/quality meetings.  The Audit and Risk Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.  The area managers provide the clinical oversight for the care facilities and provide a detailed analysis of clinical data to the Board prior to every Board meeting. Discussions are held at the Board meeting around the issues raised and any corrective actions taken. The clinical data is compared both internally as well as externally against the national clinical benchmarking data and is reported on quarterly.  CHT’s Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. Cultural advisors at the governance level ensure Māori have meaningful representation in order to have substantive input into organisational operational policies. CHT’s Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. CHT have established a Māori working party to complement this action, including respected kaumātua. 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.  The care home manager has completed more than eight hours of training related to managing an aged care facility and include privacy related training, CHT specific business, infection control, cultural, and restraint training. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | CHT Waiuku has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at facility level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.  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. 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 2023 and 2024 reflect high levels of resident/family satisfaction. A corrective action plan from June 2024 had been implemented and completed regarding cleaning services.  There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the Ngā Paerewa Standard (NZS 8134:2021). Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service. A health and safety system is being implemented, with the service having a trained health and safety officer who is the care home 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.  Accident/incident forms reviewed indicated that the electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the acting area manager. Results are discussed in the staff/quality meetings.  Discussions with the care home manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications sent related to historical RN staffing shortages. There has been one Covid-19 outbreak (October 2023). This was appropriately notified, managed, and staff debriefed. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The RNs, the activities coordinator and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, RNs, casual staff, or bureau staff. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The acting area manager will perform the care home manager’s role in their absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.  The care home manager and clinical coordinator are both available from Monday to Friday. The full RN compliment roster is documented.  There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Altura and clinical topics), which includes cultural awareness training. Staff have completed cultural awareness training online which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora - Counties Manukau, hospice and the organisation’s online training portal, which can be accessed on personal devices.  The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-three HCAs are employed, 35 of whom have achieved a level 3 NZQA qualification or higher. The CHT Waiuku orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of PPE; cultural safety; and moving and handling. A record of completion is maintained on an electronic register.  Additional RN specific competencies include syringe driver and interRAI assessment competency. Seven of ten RNs (including the clinical coordinator) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible. All RNs are encouraged to attend in-service training and have completed training around infection control, including Covid-19 preparedness, effective communication in the care setting, and management of diabetes, dementia, and delirium.  Resident/family meetings are held quarterly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). 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. |
| Subsection 2.4: Health care and support workers  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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Eight staff files reviewed (three RNs, three HCAs, and two activities coordinators) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year have an annual appraisal completed.  A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | 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 protection. There is a documented CHT business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.  Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The care home 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. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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. | FA | A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms for young people with disability (YPD), rest home, and hospital level of care residents were sighted.  The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.  The clinical coordinator (CC) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this and other options or alternative services. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.  Residents of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The organisation has a process to combine a collection of ethnicity data from all residents and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service, with the assistance of the CHT Healthcare Trust head office, increases links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.  The CC and the general practitioner (GP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Eight files were reviewed, and these included four rest home level of care residents, including one resident on a (YPD) contract, and four hospital level of care residents. The registered nurses are responsible for conducting all assessments and for the development of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes. Initial care plans were developed, and long-term care plans were all linked to interRAI assessments, with all triggered outcomes scores identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms. The younger resident on a YPD contract`s care plan integrated normal routine, hobbies, and social wellbeing. The resident (interviewed) described how the service supports them to maintain family/whānau relationships.  Residents and family/whānau interviewed reported that the interventions that occurred and developed were appropriate and effective. All assessment tools included consideration of residents’ lived experiences, cultural needs, values, and beliefs.  The clinical coordinator (CC) reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents’ health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.  Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident’s files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health and wellbeing of the residents.  Two GPs visit the service twice weekly and are available 24/7. Three-monthly reviews were completed promptly or where required. Assessments completed informed the development of residents’ person-focused care plans.  Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents’ strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents’ independent wellbeing. The CC reported that all referrals for residents who need behavioural support are sought from other agencies as required.  Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP expressed satisfaction with the care provided.  Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident’s condition. Progress notes were completed, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GPs, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the CC, GPs, and registered nurses, as evidenced in the records sampled.  In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; and food intake and output charts. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.  At the time of the audit, there were five active wounds, including two chronic and three minor wounds.  The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The CC reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | Residents’ birthdays are celebrated. The service has contracted physiotherapists who assist with assessments, exercises, mobility, and a walking programme. A weekly planner is developed, and each resident is given a copy. Daily activities are noted on noticeboards to remind residents and staff.  The activity programme is a collaborative effort, formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, family/whānau, and care staff. This ensures that the activities are varied and appropriate for residents' assessed needs, including those requiring hospital, YPD, and rest home level of care.  The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed daily. The residents participated in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities on the respective planners included quizzes; bingo; memory games; Anzac; table games; sing-along; painting; card games; movies; bingo; baking; scrabble; exercises; and community activities. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) weekly. Resident monthly meetings provide a forum for feedback relating to activities.  Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week.  EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.  The service is awarded a continuous improvement rating for exceeding the requirements in relation to their activities programme. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GPs completed three-monthly medication reviews.  A total of 16 medicine charts were reviewed. These comprised of eight rest home, including YPD, and eight hospital respectively. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.  Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures is conducted regularly, and deviations from normal are reported and attended to promptly. Records were sighted.  The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment room, and cupboards. Appropriate processes were in place to ensure residents who were self-administering medicines did so safely. There were residents who were self-administering medications. A self-medication policy is in place and is well implemented. There were no standing orders in use. Over-the-counter medication and supplements are considered by the prescriber as part of the person’s medication, as noted on the day of audit.  Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food service is outsourced. A chef oversees the food services with support from the area manager, who looks after six other sister facilities.  The kitchen service complies with current food safety legislation and guidelines. The chef reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 7 April 2024. A registered dietitian who the organisation employs reviewed the menu, and it was current. Kitchen staff have current food handling certificates.  Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying dietary requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. The chef reported that all CHT facilities use the ‘replenish, energy and protein’ (REAP) programme. Snacks and drinks are available for residents throughout the day and at night when required.  The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.  Meal times were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.  The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, ' boil-ups,’ hāngi, Māori bread, and pork were included on the menu, and these are offered to any residents who identify as Māori when required. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CC reported that discharges normally go into similar facilities. The nursing team oversees discharges and manages the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.  A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents’ file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident’s electronic management system. If a subsequent GP requires a resident’s information, a written request is required to transfer the file.  The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents’ records to confirm this. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The building has a current warrant of fitness that expires on 17 September 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.  The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The maintenance officer and certified tradespeople carry out reactive maintenance where required. The maintenance officer works full time and shares their time between CHT Waiuku and other sister facilities. The maintenance officer reported sharing the on-call service with other regional maintenance staff. Maintenance requests are logged online or through a maintenance request book at the reception.  The contracted gardener works eight hours a week. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.  The service has 60 beds in total and is divided into five wings. Edgewater wing has 15 single rooms with four ensuites; Bayview wing has 10 rooms, including six ensuites, and a further four single rooms that share two bathrooms; Sandspit wing has 10 rooms, and all have ensuites; Riverside wing has 10 rooms, including four rooms that share a bathroom, and one ensuite; and five single rooms that share two bathrooms. Lastly, the Portside wing has 11 rooms, including two ensuites and nine single rooms that share two bathrooms. The beds are dual-purpose in all wings.  All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.  All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the activities lounge area.  Residents’ rooms are personalised according to their preferences. No residents shared a room. Rooms, shower rooms, and toilets are suitable sizes to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating. There is thermostatically controlled electrical and underfloor heating.  The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. No residents smoked on the audit days.  The maintenance officer reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The Fire and Emergency New Zealand service approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was performed on 3 May 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.  There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, incontinence products, a generator, and a gas BBQ to meet the requirements for 60 residents, including rostered staff. The amount of emergency water available met The National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of care staff hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.  The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officer checks monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.  Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.  A visitors' policy and guidelines are available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors’ registers. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern. | FA | 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.  The service has access to an infection prevention clinical nurse specialist from Bug Control and Health NZ – Counties Manukau. 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.  Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility. Residents and staff are offered vaccinations as required. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | A registered nurse oversees infection control and the AMS programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment, with extra stocks available as required. There is a process to ensure stock gets rotated and checked for expiry dates.  The infection control resource nurse (IFCRN) has completed infection control education. There is good external support from the GP, laboratory, Bug Control, and Health New Zealand – Counties Manukau infection control nurse specialist. The IFCRN has input to purchasing supplies and equipment.  The online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Bug Control in consultation with infection control coordinators. Policies are available to staff.  There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. The service incorporates te reo Māori information around infection control for Māori residents, Māori protocols are adhered to, and staff are able to describe these practices, acknowledging the spirit of Te Tiriti.  The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional infection control training and Covid-19 management. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes through a monthly multidisciplinary meeting. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are collated monthly and reported to the quality and infection control meetings, as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality and staff meetings and sent to CHT head office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Te Whatu Ora- Counties Manukau for any community concerns.  There has been one Covid-19 outbreak (October 2023) since the last audit, which was reported on, and managed appropriately. The facility followed their pandemic plan and Covid-19 Response Framework. The IFCRN explained staff are well trained to respond rapidly. Families/whānau were kept informed by phone or email, though visiting was able to continue under restricted conditions. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within 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. | FA | There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a secure cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Cleaning is done by on-site cleaners who are contracted by an external service. There are sluice rooms with a sanitiser for the disposal of soiled water or waste. The sluice rooms are kept closed when not in use.  All laundry for CHT Waiuku is processed off site by a contracted service. Laundry is transported in colour coded bags with facility name tag on it, by a dedicated laundry delivery service. There are defined clean/dirty areas for the pickup and drop off. There are clear processes to guide staff in the transportation and distribution of the linen.  Cleaning and laundry services are monitored through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and laundry services. |
| Subsection 6.1: A process of restraint  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. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The service has a current restraint policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this, supported by the management team. At the time of the audit, no resident was using a restraint. Documentation confirmed that restraint was discussed at staff meetings, reported in the management reports, and presented to the Board.  The policies and procedures reviewed meet the requirements of the standards. The registered nurse is the restraint coordinator who provides support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.  The approval for any use of restraint in the first instance would be put forward to the management. The management meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used.  Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.  The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise. |

# 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.

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| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 3.3.1  Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity. | CI | Activities are conducted by four activities coordinators, two casuals and one volunteer from Monday to Sunday. The activities were based on assessment and reflected the residents’ social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a lifestyle questionnaire developed, detailing their past and present activities, career, and family/whānau.  A continuous improvement rating is awarded for providing an overall activities programme that has increased numbers of residents engaging in the activities, community connections, and resident satisfaction. The quality initiative is beyond the expected full attainment of the criteria. The head office announced an increased investment in the activities programme. This amounted to a 30% increase in activity hours at the facility and a 60% increase in the budget for bus trips. Bus trips were planned at 48 trips per year, and the activities team increased from three to five in 2022, respectively. The extra staff, hours and bus trips have allowed the activities programme to be developed with an increase in the number of residents participating in activities, or being provided with one-on-one time with staff. Bus trips continue to attract eight residents per week, up from six residents per fortnight before the budget and staff increase. Community connections have increased and improved with residents visiting and being visited by schools, kindergartens, community pet therapy programmes, kapa haka groups with theatre shows, river cruise agencies, cosmopolitan clubs, local vintage clubs, and local hotels inviting residents for special events.  The activities team attend CHT cluster groups quarterly with the other staff from 15 sister facilities. Staff attend training courses to broaden their knowledge and expertise in developing more stimulating activity programmes. | The survey results demonstrate a marked improvement in resident satisfaction across various categories. Surveys are sent randomly from the head office to five residents and five family/whānau per month. The data is collated and is available on the electronic record quality management system, which is fed back to staff at monthly activities meetings. In 2019, the customer service feedback average score was 74.83% compared to 2023-2024. The activity programme has been scoring an average percentage of 95.45%, with a rolling 13-month score of 100% up to June 2024 (year to date) topping the list in comparison with other 15 sister facilities. The continuous improvement rating was calculated by comparing the positive feedback from the current survey to the previous survey. This showed a significant increase in residents’ satisfaction with activities. This positive trend reflects the effectiveness of recent initiatives to enhance the activities programme. Interviews with the staff, residents, GP, and family/whānau confirmed this. |

End of the report.