

CHT Healthcare Trust - Royal Oak Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Royal Oak Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 October 2024 End date: 9 October 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:	40

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Royal Oak Rest Home (Royal Oak) is owned and operated by CHT Healthcare Trust and cares for up to 40 residents rest home care. On the day of the audit there were 40 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. 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 and staff.

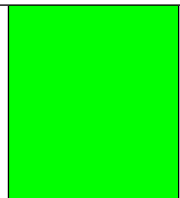
There have not been any changes in management since the last audit. The care home manager (RN) is appropriately qualified and experienced in healthcare management. The care home manager is supported by an experienced clinical coordinator. They are both supported by the CHT area manager.

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.

There were no shortfalls identified at the previous certification audit.

This surveillance audit identified that there are no corrective actions required.


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.
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CHT Royal Oak 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 in place. The service provides high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. 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

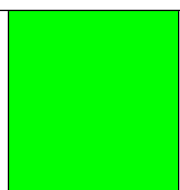
Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan includes a mission statement and 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 data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

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. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment within the required timeframe and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

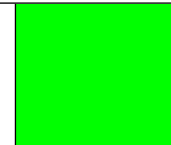
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Specific dietary needs are catered for. The food service is contracted out and all meals are prepared on site. The service has a current food control plan. Residents and family confirmed satisfaction with meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

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

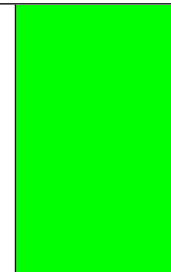


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. Equipment and electrical appliances are serviced and tested regularly. The building is spacious and well 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.


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 six Covid-19 outbreaks since the previous audit. They have been well managed and documented.

The infection control resource nurses are registered nurses. 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.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There are policies and procedures in place for restraint minimisation. There is no use of restraint. Staff have regular training in restraint minimisation and strategies to maintain a restraint free service.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	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](#).

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents and staff 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's care plan and evidenced in practice. Māori members of staff and volunteer cultural advisors assist the staff and management team with Māori care and support. Comprehensive cultural assessments are completed for residents who identify as Māori.</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. 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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan that is in place and being implemented. 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 and staff identifying as Pasifika at the time of the audit and the care home 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. Royal Oak</p>

Pacific peoples for improved health outcomes.		utilises the skills of staff members and volunteer cultural advisers to ensure cultural care and support is appropriate to the residents as needed.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care home 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.</p> <p>Four residents and four 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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>CHT policies prevent any form of institutional racism, 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. CHT Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff interviewed (three caregivers, one RN, one clinical coordinator one cook and one property manager) were able to discuss the service's zero tolerance for abuse. 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 registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Five resident files reviewed included signed general informed consent forms. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</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.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The care home manager maintains a paper based record of all complaints, both verbal and written, and a copy held on the electronic 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).</p> <p>The service collects all complaints and these can be negative comments/ results from the recent survey and also complaints from the on-line aged care advisor site. Many of the complaints are anonymous and some are maintenance requests; however, the service uses all the feedback to assist with service improvement. A complaint summary is documented each month and discussed at service meetings.</p> <p>There were 18 complaints for 2024. A review of the register evidenced that the care home manager is proactive with recording all complaints and all 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, health and safety, staff, and registered</p>

		<p>nurses' meetings (minutes sighted). Higher risk complaints are managed with the support of the area manager. There were no external complaints.</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 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 care home manager is available to listen to concerns and acts promptly on issues raised. Residents/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 care home 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>Royal Oak provides care for up to 40 residents at rest home, level of care. All rooms are single. On the day of audit there were 40 residents, all 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. The business plan for 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.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal; accounting; medical; human resources; marketing; and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. The area manager interviewed explained the strategic plan, its reflection of</p>

		<p>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. 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. The organisation has established a Māori working party to complement this action. A strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve with a focus on the delivery of kaupapa Māori and whānau centred models of care.</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. The area managers provide the clinical oversight for the care facilities and provide a detailed analysis of clinical data to the Board, prior to every Board meeting. Discussions are held at the Board meeting around the issues raised and any corrective actions taken. The clinical data is compared both internally, as well as externally against the national clinical benchmarking data.</p> <p>The care home manager (registered nurse) has been in the role for five years. The area manager, clinical coordinator, and registered nurses support the care home manager.</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>FA</p>	<p>CHT Royal Oak 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 (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at unit level,</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>and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in quality health and safety and 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>Quality, health and safety, registered nurse and staff 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. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. 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 2024 reflect 100% satisfaction with: care, friendly staff, and personal attention.</p> <p>A health and safety system is being implemented. The health and safety representatives have all attended external training. Hazard identification forms and an up-to-date hazard and risk 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>Ten accident/incident forms reviewed (unwitnessed falls, skin tears, behaviour, and medication errors) indicated that the electronic forms are completed in full and are signed off by an RN and the care home manager/clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the quality, health and safety, and staff meetings. Discussions with the care home manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. No notifications have been required to be submitted since the previous audit. There have been six Covid-19 outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</p>	<p>FA</p>	<p>The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. The registered nurses, activity coordinator and a selection of</p>

<p>whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>healthcare assistants have completed first aid training. There is a first aid trained staff member on duty 24/7.</p> <p>Rosters from the past two weeks showed that the care home manager (RN) and clinical coordinator (RN) are available Monday to Friday. There is a registered nurse on duty 7.45am -4.15pm and 4pm-8pm each day.</p> <p>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>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, nurses, or agency staff. Out of hours on-call cover is shared on a rotation between the care home manager and clinical coordinator. The clinical coordinator will perform the care home manager's role in their absence. The care home manager and clinical coordinator each work 40 hours per week. They are closely supported by the CHT area manager.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (both online and clinical topics), which includes cultural awareness training. The organisation's online training portal can be accessed on personal devices. External training opportunities for care staff include training through hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification with eight healthcare assistants achieving a level three or four qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants 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 registered nurse specific competencies include syringe driver and interRAI assessment competency. Six registered nurses are employed, with five of them interRAI trained. All registered nurses are encouraged to also attend external training, webinars, and zoom training where available.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>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>Five staff files reviewed (one registered nurse, one clinical coordinator, and three healthcare assistants) 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. There is a comprehensive orientation process for all roles which includes the completion of competencies and training. Staff interviewed stated they felt well supported through the orientation period.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, and dietitian). All staff who have been employed for over one year have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for assessing residents on admission and on an ongoing basis. Five resident files were reviewed and all have evidence of resident, family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, initial care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged related residential care contract.</p> <p>Medical assessments are completed by either the contracted general practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven day per week on call services. The GP was not available for interview.</p> <p>The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. There is a contracted physiotherapist onsite one day per week who undertakes assessments for mobility and contributes to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger</p>

	<p>for a specific need, this is included in care plans. Examples sighted include, but are not limited to, physical activity, mood changes, under nutrition, communication and maintaining continence. Care plans are comprehensive and holistic covering all aspects of Te Whare Tapa Wha model of care and management of medical conditions. Two resident files reviewed were for residents who spoke little English and had particular cultural needs. The care plans included the interventions to communicate with the residents, maintain their connections with their family/whānau and wider community and to facilitate access to television channels and radio stations that were in their own language. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on the Vcare electronic system and printed so healthcare assistants can easily access them.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>There is a suite of monitoring charts available for the RNs to utilise. Vital signs and weights are monitored at least monthly or more often if indicated. Where a resident has an unwitnessed fall, neurological observations occur at intervals to safely assess and intervene if there are any changes in the condition of residents.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are printed and communicated to healthcare assistants. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care</p>
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		plans are developed for short-term needs such as wounds and infections. At the time of the audit there were seven wounds being treated including a stage one pressure injury.
<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>	FA	<p>Policies and procedures for medication management align with current guidelines and legislation. The Medimap system is in place for prescribing and documenting administration. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Medicines were seen to be stored in a locked trolley, in locked cupboards and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription.</p> <p>One resident self-medicates and this is monitored and managed safely. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the chef who keeps a whiteboard of this information up-to-date. The chef receives a copy of resident nutritional assessments. The chef has a recipe book for culturally specific recipes for residents as needed. The food service is contracted out. Meals and baking are prepared and cooked onsite. Residents confirm they are able to give feedback about the meals at resident meetings.</p> <p>The food control plan was approved on 10 May 2024.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a higher level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Residents transitioning to a higher level of care are offered a room in another local CHT facility if there is space. Once transferred the ongoing facility can access the electronic record and the registered nurse does a verbal handover to communicate care needs and potential risks. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. After hours healthcare assistants call the on-call registered nurse. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. The clinical coordinator has developed a checklist for healthcare assistants to follow after hours to ensure all required documentation is sent in a yellow envelope and the family/whānau are notified.</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 has a current warrant of fitness, expiring on 4 December 2024. The hoist and chair scales were tagged as being serviced and checked in June 2024. All electrical equipment is tested and tagged annually. Clinical equipment is serviced and calibrated as required. When floors are damp after mopping, bathroom doors are left open to allow quick drying and wet floor hazard signs are placed to alert residents and staff. The facility is clean and spacious. There are sitting rooms in each of the four wings and a whānau room near the entrance for residents to meet with whānau and carry out cultural practices. Residents identify in a range of ethnicities and confirm the facility is inclusive and welcoming.</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 antimicrobial stewardship programmes are reviewed annually and are linked to the quality and business plan. 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</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. 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>of staff. Policies and procedures are reviewed by Bug Control, in consultation with infection control resource nurses. Policies are available to staff.</p> <p>Staff demonstrated knowledge on the requirements of standard precautions. 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 nurses have access to an online training system, with resources, guidelines, and best practice.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. 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 and includes ethnicity data. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. There is benchmarking of infection rates with other CHT facilities that occurs monthly. Trends, benchmarking, along with actions and outcomes are discussed at the quality, health and safety, staff, and registered nurses' meetings. Meeting minutes and graphs are available for staff to review and is included in the managers reports.</p> <p>There have been six Covid-19 outbreaks since the previous audit. They have been well managed and documented. Personal protective equipment (PPE) is available for staff and visitors and was noted to be appropriately used during the outbreaks. Visitors to facility are notified of the outbreak, asked not to visit if they are unwell, and masks available for use on entry to the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. The service is restraint free and has been so for a number of years. The policy and procedures describe the process for implementing restraint including a holistic assessment, an approval process that includes family/whānau and</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>the general practitioner, identifying alternative strategies including de-escalation, and monitoring and review of restraint.</p> <p>Staff receive ongoing training in maintaining a restraint free environment, de-escalation, cultural safety and alternative strategies to the use of restraint.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.