

CHT Healthcare Trust - Hayman Care 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](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Hayman Care Home
Services audited:	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 5 November 2024 End date: 6 November 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:	108



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

CHT Healthcare Trust (CHT) Hayman is certified to provide residential disability (physical and intellectual), dementia, psychogeriatric, rest home and hospital (medical and geriatric) levels of care for up to 110 residents. There were 108 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 and Ministry of disabled people - Whaikaha. 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 nurse practitioner.

The care home manager (registered nurse) is appropriately qualified and experienced and is supported by the acting clinical coordinator and an 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.

The certification audit identified shortfalls related to care plan interventions.

The service is awarded continuous improvement rating for implementation of the quality improvements related to falls reduction and clinical review meetings.

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 Hayman 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. CHT Hayman 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 plan 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Assessment and care planning for residents with dementia and those in the psychogeriatric unit is undertaken in collaboration with the enduring power of attorney or welfare guardian.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place. There are 24-hour activities planned for residents in the dementia and psychogeriatric units. Young disabled residents have separate planned activities and outings.

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 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/whānau, 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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The 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.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff. 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 have been two Covid-19 outbreaks since in 2024 and a current scabies outbreak. These have 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 care home. Documented policies and procedures for the contracted cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation 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	26	0	1	0	0	0
Criteria	1	169	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan 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 family/whānau and evidence is documented in the resident care plan and evidenced in practice. There are clear processes to include tikanga in everyday practice. Staff have completed a cultural training around Te Tiriti o Waitangi.</p> <p>Links have been established with local Māori community members including Manurewa marae kaumatua and Ngāti Te Ākitai Waiohua iwi. The service also links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health NZ - Te Whatu Ora for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The care home manager confirmed that they support increasing Māori capacity by employing more Māori staff members when they</p>

		<p>apply for employment opportunities at CHT Hayman. The CHT Hayman business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English with pamphlets available.</p> <p>Interviews with 18 staff (five healthcare assistants, seven registered nurses [RNs], one cleaner, one activities coordinator, two diversional therapists, maintenance technician, one chef manager) and five managers (care home manager, acting clinical coordinator, area manager, compass southern operations manager and CHT property maintenance manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit. The residents' family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with four residents (one rest home and three hospital residents, including one young person with disability [YPD]), nine family/whānau (three hospital, three dementia and three psycho-geriatric) and four YPD family/whānau (interviewed remotely by the consumer auditor) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Hayman actively consults with current Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p>

		<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages. There are staff currently employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English, sign language 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, acting clinical coordinator, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Family/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 care home and in the entry pack of information provided to residents and their family/whānau.</p> <p>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. 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.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	<p>FA</p>	<p>The healthcare assistants interviewed described how they support residents to choose what they want to do each day. 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 and choice over activities they</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>participate in. The CHT Hayman 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.</p> <p>Resident and family/whānau interviews, including those for YPD residents interviewed remotely, confirmed that residents are treated with respect, their dignity maintained, supported to maintain their cultural identity including being spoken to in their own language. Feedback including compliments is regularly shared at residents' and staff meetings. 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. Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Resident 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.</p> <p>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. 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 Hayman, 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.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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 Hayman 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.</p> <p>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 plan 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 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 the acting clinical coordinator, registered nurses and healthcare assistants 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 a cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and relatives on admission. Two-monthly resident meetings identify feedback from residents and consequent follow up by the service. Minutes are available for family/whānau and residents who may not have been able to attend. Policies and procedures relating to</p>

<p>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.</p>		<p>accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify 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 next of kin are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>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 there were three residents who could not speak English where the use of cue cards, family/whānau and staff interpreters were used. 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 Health New Zealand - Te Whatu Ora Health specialist services.</p> <p>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 care home and felt informed regarding events and changes through three monthly updates following medical review, regular communication and newsletters.</p>
<p>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.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven 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 family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive</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>		<p>policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and shared goals of care 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 family/whānau 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 and activation letters were in resident files where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, 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). Fourteen complaints have been lodged since last audit in August 2023. All were of a minor nature and with trends related food and laundry. Corrective actions have been put in place to address identified concerns. There have been no external complaints.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-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 and family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>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</p>

		<p>informed of complaints (and any subsequent corrective actions) in the staff, quality health and safety and registered nurse meetings (minutes sighted). Any higher risk complaints would be managed with the support of the area manager.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Hayman is one of 21 care homes owned and operated by CHT Healthcare Trust, a charitable, not for profit organisation. The care home is built on one level and certified to provide hospital (geriatric and medical) rest home, dementia, psycho-geriatric and residential disability (physical and intellectual) care for up to 110 residents. The care home is divided into 56 dual purpose beds (Kowhai and Pohutukawa); and 39 beds divided into two secure dementia units: one for ladies (Ataahua wahine 18 beds) and one for men (Tamatoa 21 beds); and 15 psychogeriatric beds (Aroha).</p> <p>On the day of the audit there were 108 residents: two rest home residents and 53 hospital residents (including five residents on a young persons' disability (YPD-physical) contract and one on Accident Compensation Corporation (ACC) funded respite care; there were 38 residents across the two dementia units and 15 residents in the psychogeriatric (PG) unit. All other residents in the dual-purpose wings and secure dementia units were under the age-related residential care contract (ARRC). The psychogeriatric residents were on the age residential hospital specialised services (ARHSS) contract.</p> <p>CHT has an overarching five-year strategy map (ending March 2029) 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 2024-2025 business plan being implemented includes a mission statement and operational objectives with site specific goals related to (but not limited to) budgeted occupancy; complaints management; resident satisfaction; customer engagement; maintain quality gardens and staff retention and satisfaction. The care home manager reports on these areas</p>

		<p>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 collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies and addresses barriers to equitable service delivery.</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. Cultural advisors at the governance level ensure Māori have meaningful representation 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, which includes a respected kaumātua as part of the working party. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>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 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 and registered nurse meetings and quarterly quality health and safety meetings. The Audit and Risk Committee assists</p>
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		<p>the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>The CHT clinical quality lead provides oversight of the organisational clinical governance, working alongside the area managers to ensure a strong clinical quality culture. They provide a detailed analysis of clinical data to the Board prior to every board meeting. The clinical data is compared both internally as well as externally against the national aged care clinical benchmarking data. The Quality Health and Safety Committee reports submitted to the Board include clinical data that provides an opportunity for discussion around issues raised and any corrective actions taken.</p> <p>The area managers provide the clinical oversight for the care facilities. They 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.</p> <p>The care home manager, a registered nurse with a current practicing certificate, has over 18 years' experience working in aged care sector as facility manager. They hold national diplomas in business management and aged care facility management. They have been in the current role of care home manager at CHT Hayman since April 2021. They are supported by an acting clinical coordinator who has been in the role for two months (to cover parental leave) but has been a unit coordinator with the care home since 2017. They are both supported by the area manager, CHT clinical quality lead and an experienced care team. The care home manager and acting clinical coordinator have completed more than eight hours of training related to managing an aged care facility and includes privacy related training, CHT specific business, Te Whatu Ora study day, infection control, cultural and Treaty of Waitangi, and first aid training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>CHT Hayman has an established quality and risk management programme. The quality and risk management systems include</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (e.g., falls, skin tears, infections, medications) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff, quality health and safety and registered nurse meetings. Internal audits are completed six-monthly by the area manager (last completed October 2024). Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>The monthly staff meetings and quarterly quality health and safety 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 anniversary of their admission), with the aim of covering all residents and family/whānau in a calendar year. The response rate has been very low. The September year to date rolling responses reviewed reflects overall satisfaction with the service, with a likelihood to recommend the service at 100%, satisfaction with care and friendliness also sitting at 100%.</p> <p>Quality improvement plans have been documented and include monitoring of progress on clinical indicators such as falls (to reduce the number of incidents) and improve residents' quality of life. There was also a continuous improvement initiative in place in relation to use of the clinical review meetings to enhance better communication and improve the quality of life of the residents.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha has meaningful representation through the two-monthly resident and family/whānau meetings and six-monthly care plan review meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the Ngā Paerewa Standard (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 led by a health and safety</p>
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		<p>committee with staff representation from all departments (including the care home manager). The committee members have completed the required external training for health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted (last reviewed September 2024). 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>Resident accident/incident forms reviewed indicated that the electronic forms are completed in full and are signed off by the care home manager or acting 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 staff and quality health and safety meetings.</p> <p>Discussions with the care home manager and acting clinical coordinator evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications and Health Quality and Safety Commission SAC reporting were sent related to change in clinical manager (July 2024), pressure injuries grade three and above (July 2024), a fracture (August 2024) and absconding (January 2024). There have been two Covid-19 outbreaks (June and April 2024), and at the time of the audit there was a scabies outbreak in the ladies' dementia unit (Ataahua Wahine). All outbreaks were appropriately notified, managed, and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses, the activities coordinator and a selection of healthcare assistants 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 healthcare assistants, registered nurses, casual, or bureau staff. No registered nurse vacancies were reported at the time of the audit. Out of hours on-call 24/7 cover is shared between the care home manager and acting clinical coordinator. The</p>

	<p>acting clinical coordinator supported by the 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 and resident meeting minutes.</p> <p>The care home manager and acting clinical coordinator are both available from Monday to Friday. The roster reviewed evidenced registered nurse cover 24/7 with a registered nurse on each shift for the psychogeriatric unit and the hospital level care residents. The number of healthcare assistants on each shift is sufficient for the acuity, layout of the care home, support with the workload and to provide safe and timely care on all shifts.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (through the Dayforce electronic learning management system 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 Health New Zealand - Te Whatu Ora, hospice and the organisation's online training portal, which can be accessed on personal devices.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixty-one healthcare assistants are employed, 21 of whom have achieved a level 3 NZQA qualification or higher. Twenty-seven of the healthcare assistants work across the psychogeriatric (PG) unit and dementia units at any time; twenty-two of whom have attained the PG and dementia specific standards according to the ARHSS clause D 17.11 and ARRC clause E4.5.f, and the remaining are enrolled and in progress and are within the 18-month timeframe for completion.</p> <p>The CHT Hayman 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 healthcare assistants are required to complete annual</p>
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		<p>competencies for moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Eighteen of nineteen registered nurses (including the acting clinical coordinator) are interRAI trained. Registered nurses 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, and dementia including behavioural and psychological symptoms of dementia. Registered nurses are also encouraged to attend external training, webinars and zoom training where available. All staff, including registered nurses attend relevant staff and registered nurse meetings when possible.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Ten staff files reviewed (one acting clinical coordinator, two registered nurses, four healthcare assistants, one administrator, one maintenance technician and one diversional therapist) 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.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) nurse practitioner, dietician, podiatrist, pharmacists and physiotherapist. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes</p>

		<p>buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. All staff participate in continuing education through Dayforce learning management system relevant to physical disability and young people with disabilities.</p> <p>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.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password 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.</p> <p>Residents archived files are securely stored in a locked room or backed-up on the electronic system and easily retrievable when required. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The care home manager (supported by CHT's area manager) is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>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</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>(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, hospital level of care residents in the psychogeriatric unit and the secure dementia care unit residents were sighted.</p> <p>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.</p> <p>All potential admissions to the service are reviewed and discussed by the care home manager and the acting clinical coordinator to ensure they can provide the level of care needed. The care home manager and acting 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 back to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>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.</p> <p>The CC and the nurse practitioner (NP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>PA Low</p>	<p>Eleven files were reviewed, and these included two rest home level of care including one respite resident funded through ACC, three</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>hospital level of care, one younger person with a disability (YPD), three dementia level of care and two psychogeriatric (PG) level of care. 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 outcome 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 link to the community outside of the care home.</p> <p>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.</p> <p>The 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. Not all nursing interventions were documented in the care plans.</p> <p>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.</p> <p>The medical care is led by the nurse practitioner and supported by the general practitioner service. The nurse practitioner and / or the general practitioner visit the service twice weekly and are available</p>
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	<p>24/7. Three-monthly reviews were completed promptly or where required. Assessments completed informed the development of residents' person-focused care plans.</p> <p>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.</p> <p>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 nurse practitioner expressed satisfaction with the care provided and complimented them on the high standard of clinical care and the proactiveness of the registered nurse team to report and follow up on issues.</p> <p>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 general practitioners, nurse practitioner, 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, unit coordinators, registered nurses and nurse practitioner, as evidenced in the records sampled.</p> <p>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</p>
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		<p>unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>Wounds are logged on to the electronic care system and include one pressure injury for a hospital level care resident. All wounds reviewed documented timely assessments, care plans and evaluations.</p> <p>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. Any barriers to residents accessing services are identified and minimised. Tikanga principles are included within the Māori health care plan. The staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff.</p> <p>Care plans for residents in the secure dementia unit and the psychogeriatric unit include a 24-hour activity plan and detailed interventions to manage changes in mood, behaviour and cognition. Staff utilise behaviour monitoring forms to identify potential triggers and early warning signs and this is used to develop effective strategies. Care plans include recommendations made by the geriatrician or mental health services for older people. During the audit staff were observed to be following the interventions documented in care plans. Staff communicated clearly and calmly and when residents resisted cares, such as medication administration, staff would retry when the resident was calm.</p> <p>When there are changes in the condition of residents in the dementia unit and psychogeriatric unit, the enduring power of attorney or welfare guardian are informed in a timely manner. This was confirmed with those interviewed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The activities team consists of an activities coordinator, two diversional therapists and an activities assistant. Each take turns in the different areas of the care home and activities are provided seven days per week. Review of resident files shows activity plans are informed by using information from the map of life (significant people</p>

<p>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.</p>	<p>and life events for each resident), a lifestyle assessment which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Bi-monthly resident meetings provide an opportunity for residents to have a say in the activities programme.</p> <p>Review of the activities schedule shows a broad range of activities are provided including physical exercises to enhance strength and balance (led by the physiotherapist two days per week), individual walks outside and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading and board games. Social activities include happy hour, visits from other care homes, entertainers, outings to the museum, art galleries and activities themed each month including Easter, Christmas, Matariki as examples. A church group visits each Tuesday, and second Friday and holy communion is provided by a visiting priest. Other visiting church groups include New Zealand Caleb group, Filipino Christian group, Manurewa Catholic church, Salome Mitchel Samoan church and the Presbyterian church. Some residents are taken out to church and other venues by family and whānau. Cultural events such as Diwali, Chinese New Year and St Patricks day are celebrated. A representative from the Manukau library brings in books for Asian residents each week.</p> <p>Residents who identify as Māori are encouraged to participate in te ao Māori by having a waiata group visit weekly, celebrating Te Wiki o Te Reo Māori, a van trip to a marae during Matariki and provision of Māori kai such as hāngi, mussel fritters and fried bread which some residents help to prepare. Residents are encouraged to maintain contact with whānau and hapū and to maintain their role as Kuia or Kaumatua within their whānau.</p> <p>Individual activities include range of movement exercises, stretching, pampering, standing at the handrails, reminiscing, gardening and conversations. In the psychogeriatric unit there is a Tover table which has projected images that residents can manipulate and move around.</p> <p>Group activities are similar but tailored to the resident's needs and interests in the dementia unit and psychogeriatric unit. Each resident has a 24-hour activities plan that identifies the activities provided</p>
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		<p>throughout the day and night if residents are awake. When there are social events and visiting entertainers, residents in the dementia unit who can cope in a group situation are taken to the hospital area to join in with other residents.</p> <p>There are separate activities available for young disabled residents including a multicultural group weekly, range of motion exercises and massage, van trips twice a month to the park for a walk or to have an ice cream, music therapy on a Thursday, daily physiotherapy and pampering.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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 care home from a contracted pharmacy. The nurse practitioner completed three-monthly medication reviews.</p> <p>A total of 22 medicine charts were reviewed selected from across all care levels. Indications for use were noted for as needed 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 pro re nata (PRN) medications was consistently documented in the electronic medication management system and progress notes.</p> <p>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</p>

		<p>medicine fridges and medication room temperatures is conducted regularly, and deviations from normal are reported and attended to promptly. Records were sighted.</p> <p>The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, 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.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The nurse practitioner stated that when requested by Māori, appropriate support and advice would be provided.</p> <p>A medication round was observed in the dementia unit and hospital area and practice was according to the policy and procedures. When residents resisted their medications, staff would retry later when the resident was calm. Staff were observed to explain to residents that they were being given medication. Interview with family/whānau of residents confirmed they are informed when there are changes made to medications and supplements.</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>The food service is contracted to Compass and prepared and cooked onsite by a chef manager, two cooks and two catering assistants. The menu is developed by Compass in collaboration with CHT dietitians. There are four-week seasonal menus that include two options plus a vegetarian option for main meals. The service uses the replenish, energy and protein (REAP) programme. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the chef manager who maintains a folder of dietary profiles and on a whiteboard on the kitchen wall. Food is fortified as needed and nutritional supplements</p>

		<p>prescribed are provided. Food focus meetings with residents are held to obtain feedback on the food service. Following the change to Compass, residents stated they disliked the gravy and as a result the chef manager makes their own gravy. The chef manager meets with individual residents to discuss their personal preferences and dislikes. A sandwich trolley is set up each evening for staff to make sandwiches for residents at night. There is also access to pureed food such as yoghurt as needed.</p> <p>Residents are involved in the preparation of food, particularly Māori kai (see 3.3). Māori and Pasifika have traditional food provided regularly including boil up, hāngi, taro, fried bread and mussel fritters. Other cultures are provided for including rice instead of potatoes, stir fries and curries.</p> <p>Meals are plated in the kitchen and transported to each area of the care home in a hotbox. The temperature of all hot meals is recorded. The food service was observed in the hospital, dementia unit and psychogeriatric units. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly feeding residents who needed assistance. Some family/whānau visit the psychogeriatric unit daily at lunchtime to feed their loved one. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current to September 2025. The chef manager uses an electronic system (Safe Food Pro) to record that daily checks and cleaning is done, record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. All staff in the kitchen have safe food certificates (sighted). The kitchen is spacious and well organised, so staff have separate stations to prepare and cook food.</p>
Subsection 3.6: Transition, transfer, and discharge	FA	Residents in the dementia unit and psychogeriatric unit have a

<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>		<p>planned transfer and discharge process that involves consultation and liaison with the enduring power of attorney or welfare guardian. Family/whānau interviewed and described the collaborative approach used by staff to ensure safe transition when residents are being transferred or discharged. Residents who are acutely unwell and needing to transfer to hospital are transported in the ambulance and the family is informed. Documentation, including a summary of current care needs, potential risks, medication chart, and legal documents are sent in a yellow envelope with the ambulance staff.</p> <p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The acting clinical coordinator 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.</p> <p>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.</p> <p>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 transfers or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</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</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 16 March 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility.</p>

<p>around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the care home. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open areas.</p> <p>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 and are next due in April 2025. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges.</p> <p>The maintenance technician and certified tradespeople carry out reactive maintenance where required. The maintenance technician works four days a week and is supported by CHT property maintenance manager. The maintenance technician reported sharing the on-call service with other regional maintenance staff. Maintenance requests are logged online and allocated a priority rating. Records reviewed demonstrated that repairs have been completed in a timely manner. There are contracted gardeners with a schedule in place for maintenance of the gardens at CHT Hayman. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The service is divided into five different wings: Kowhai and Pohutukawa (56 dual purpose beds); psychogeriatric (15 beds); ladies' dementia– Ataahua Wahine (18 beds); and men's dementia – Tamatoa (21 beds). All rooms are single occupancy. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the ablution areas have free-flowing soap and paper towels available.</p> <p>All areas are easily accessible to the residents and meet the mobility and equipment needs of people receiving services. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the care home and staff assisted them when required. Family/whānau of YPD residents interviewed confirmed that there was access to spaces when they needed to discuss something in private. Activities take place in the Pacific lounge, dementia, and psychogeriatric wings,</p>
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		<p>respectively.</p> <p>Residents' rooms are personalised according to the residents' preferences. Bedrooms, showers, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light and have appropriate ventilation and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. The dementia and psychogeriatric areas were secure with easy access to the courtyards from the main lounges and hallway exit doors. The walking paths are designed to encourage purposeful walking around the gardens.</p> <p>The CHT property maintenance manager reported that when there is a planned development for new buildings, there will be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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 (13 April 2015) that is in place and is currently in effect. A trial evacuation drill was performed on 11 June 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>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, and a gas BBQ to meet the requirements for 110 residents, including rostered staff. There is no generator on site; however, a permanent generator is scheduled for installation first week of</p>

		<p>December 2024 as per sighted correspondence and plans, on day of audit. The amount of emergency water available meets the National Emergency Management Agency recommendations for the region (three litres per person per day for three days). Emergency lighting is available and is regularly tested. The registered nurses and a selection of healthcare assistants 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.</p> <p>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, sensor mats or sensor beams which the maintenance technician checks monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings and staff unlock them in the mornings. Entry to the secure dementia and psychogeriatric units are by keypad only. Family/whānau and residents know the process of alerting staff when in need of access to the care home after hours.</p> <p>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.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by Bug Control, and they meet with all CHT infection control staff following this review. Infection control audits are conducted, and corrective action completed where indicated. Infection rates are presented and discussed at clinical review, quality health and safety and staff meetings. Infection control data is sent to head office, where it is reported at monthly Board meetings. The data is benchmarked with other CHT facilities. Results of benchmarking are presented back to the care home electronically and results</p>

		<p>discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and Health New Zealand – Te Whatu Ora. 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 the nurse practitioner.</p> <p>At the time of the audit there was an outbreak of scabies in the Ataahua Wahine dementia unit. This unit is currently locked down and visiting is restricted (see 5.4). Visitors are asked not to visit if unwell. Hand sanitisers are strategically placed around the care home. Staff are offered vaccinations for influenza and Covid-19. Residents are also offered vaccinations, with consent forms completed by the resident (if competent) or their enduring power of attorney or welfare guardian.</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. 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>FA</p>	<p>A registered nurse oversees infection control and the AMS programme across the service and is supported by the acting clinical coordinator. The job description outlines the responsibility of the role. There is an infection control committee comprising of the unit coordinators, two registered nurses, infection control resource nurse, two healthcare assistants and a representative from housekeeping. The committee meets bi-monthly, and minutes were sighted from 2024. 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 expiry dates checked.</p> <p>The infection control resource nurse has completed infection control education including hand hygiene, the online CHT infection prevention and control training and external training from Health New</p>

		<p>Zealand – Te Whatu Ora. All staff complete training in infection prevention and control and hand hygiene through Kō Awhātea Health New Zealand at orientation and ongoing. The infection control resource nurse monitors staff compliance with infection control practice and hand hygiene informally. There is external support from the nurse practitioner, laboratory, Bug Control, and Health New Zealand – Te Whatu Ora infection control nurse specialist. The infection control resource nurse has input to purchasing supplies and equipment in collaboration with the acting clinical coordinator. The policy specifies that infection control is involved in any upgrades or changes to the building.</p> <p>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.</p> <p>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 can describe these practices, acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the care home 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 are kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	The service has an antimicrobial use policy and procedures

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>approved by head office. Compliance on antibiotic and antimicrobial use is monitored through review and evaluation of medication prescribing charts, prescriptions, and nurse practitioner 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 health and safety and infection control meetings, and CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections and suspected 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 health and safety 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 Health New Zealand – Te Whatu Ora for any community concerns.</p> <p>There have been two Covid-19 outbreaks in April and June 2024, which were reported and managed appropriately. The care home followed their pandemic plan and Covid-19 response framework. The infection control resource nurse explained staff are well trained to respond rapidly. Family/whānau were kept informed by phone or email, though visiting was able to continue under restricted conditions. There have been ongoing cases of scabies (one to four residents at a time in the hospital, psychogeriatric unit and dementia units) throughout 2024. Staff have been trained in the management of scabies and a further urgent education session was scheduled to</p>

		occur after the audit.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The cleaning and laundry services are contracted out. There are policies regarding chemical safety and waste disposal. All chemicals are clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept secure 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. There are sluice rooms in each area of the care home with a sanitiser for the disposal of soiled water or waste. The sluice rooms are kept closed and locked when not in use.</p> <p>All laundry is processed off site by a contracted service. Laundry is transported in colour coded bags with care home 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.</p> <p>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.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	FA	<p>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 residents were using a restraint. Documentation confirmed that restraint was discussed at staff meetings, reported in the management reports, and presented to the Board.</p> <p>The policies and procedures reviewed meet the requirements of the</p>

<p>restraint in the context of aiming for elimination.</p>		<p>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.</p> <p>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. The restraint coordinator interviewed was aware of the need to include the resident and family/whānau during restraint reviews to ensure their voice is heard.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme. Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>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.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are</p>	PA Low	All residents’ files reviewed included a care plan written by the RN in association with the resident, family care staff and associated specialist input to care. Resident choice and cultural care are documented. The service has recently changed care planning processes to an alternative electronic system, and as a result some care plan interventions have not always been documented. Care staff can describe risks and interventions for residents through hand over information and education.	Three hospital level resident care plans did not include all risks and interventions. This includes triggers and interventions for one resident with behaviours that challenge, the recognition of seizures and interventions for oral suctioning.	<p>Ensure that care plans document all care and support interventions needed.</p> <p>90 days</p>

<p>completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>(i)CHT Hayman identified a high number of falls specifically in the dementia and psychogeriatric units. The 2023 six-month period of review evidenced a total of 57 and 79 falls for the dementia and psychogeriatric unit respectively. Formation of a falls focus group in April 2024 (which included registered nurses, healthcare assistants, physiotherapy and diversional therapist) saw a concerted effort by the care home to critically review and implement strategies to reduce the incidence of falls. The strategies included (but not limited to) use of sensor mat/ beam/ bed sensor for high falls risk residents; extra vigilance and intentional rounding by staff; engagement in activities and weekly exercise class coordinated by the physiotherapist and activities team; vitamin D prescription by the nurse practitioner; staff training and toolbox talks related to falls and risk minimisation, developing individualised care plans tailored to residents' specific needs and</p>	<p>(i)Success in CHT Hayman falls prevention initiatives was measured through regular reviews of events, data analytics, and benchmarking against other CHT facilities. By tracking monthly falls data and comparing it with previous years, the service observed a reduction of fall incidents in the psychogeriatric unit from 79 (May – October 2023) to 53 (March – September 2024) a 33% drop in the rate of falls; in the dementia unit from 57 falls (May to October 2023) to 64 (March – September 2024, noting that there were 15 falls in September following the admission of a new resident with high falls risk). Strategies have been put in place for the specific new admission in the dementia unit. With the falls focus group continuing to meet and develop strategies to minimise the risk of falls there continues to be evidence of overall improvement in health outcomes and quality of life for residents by reducing</p>

		<p>discussing falls during meetings to foster a culture of awareness and support.</p> <p>(ii) During the time of registered nurse shortage, CHT Hayman introduced clinical review meetings twice weekly (every Tuesday and Friday) which included the clinical coordinator, unit coordinators, registered nurses and medication competent healthcare assistants, with a goal to ensure improved communication of clinical concerns for the residents in a timely manner. Information from the reviews was shared by all staff and emailed to registered nurses not able to attend. With improved communication and timely follow-up of resident concerns this saw a reduction in bruises and skin tears across the service as staff were able to identify residents with compromised skin integrity early and measures put in place to minimise the risk of skin injury.</p>	<p>falls and injury from falls.</p> <p>(ii) Improved communication resulted in improved outcomes in the wellbeing of the residents, specifically with the incidents of skin tears and bruises. Having had a total of 109 incidents of skin tears and bruises May to September 2023, these reduced to 88 for the same period in 2024 with a 19% reduction. At each meeting all matters arising from previous meetings are discussed and evaluated on. In addition to measuring outcomes related to skin tears and bruises, these meetings continue to provide opportunities to follow-up promptly regarding incidents such as falls, fractures, infections, behaviours; wounds and short-term care plans; weight changes with residents; referrals and re-assessments; admissions and readmissions; feedback or care concerns from family/whānau or residents. Hence, providing timely and proactive holistic response to resident needs and ensuring improved outcomes and quality of life.</p>
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End of the report.