

CHT Healthcare Trust - CHT Acacia

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust	
Premises audited:	CHT Acacia	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 23 January 2025	End date: 24 January 2025
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:	59	

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

CHT Acacia Park is owned and operated by the CHT Healthcare Trust. The service cares for up to 61 residents at hospital, and rest home levels of care. On the day of the audit, there were 59 residents. Residents and family/whanau interviewed spoke positively about the service provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora. The audit process included reviewing policies and procedures, reviewing residents' and staff records, and observing and interviewing residents, family/whānau, general practitioner, staff and management.

The care home manager oversees the service with the support of the area manager and clinical coordinator. Quality systems and processes are being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The partial attainment identified at the previous audit related to registered nurse staffing has been satisfied.

This audit identified a shortfall related to maintenance.

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.



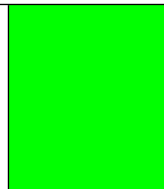
Subsections applicable to this service are fully attained.

CHT Acacia Park has a Māori and Pacific peoples' health policy in place. The policy outlines CHT Acacia Park's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldview and are culturally safe. Residents and staff stated that culturally appropriate care is provided.

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 are fully attained.

The business organisational plan includes a mission statement and operational objectives. The quality and risk management systems are focused on quality service provision and care. The quality and risk management processes use a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the contract's requirements with Health New Zealand.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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.

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The building does not hold a current building warrant of fitness. The facility is inclusive of residents cultures.

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 are fully attained.

The infection control programme is linked to the quality plan and has been approved by the Board. A registered nurse oversees the programme. Staff orientation and ongoing education are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. An infection outbreak of Covid-19 was managed.

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 are fully attained.
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The restraint coordinator is the clinical coordinator. The facility had no residents using restraints at the time of audit. A focus on a restraint free environment is included as part of the education and training plan.

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	17	0	0	1	0	0
Criteria	0	48	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan references local Māori health care providers and recognises Māori values and beliefs. CHT Acacia Park is committed to meeting its obligation under Te Tiriti o Waitangi and seeks to uphold the articles and the rights of Tāngata Whenua in accordance with the United Nations Declaration on the Rights of Indigenous Peoples.</p> <p>Family/whānau involvement is encouraged in assessment and care planning, and visiting is encouraged, as evidenced during interviews. Te Whare Tapa Wha health model is incorporated into all Māori and other residents' care. The service currently has residents who identify as Māori.</p> <p>The care home manager (CHM), area manager, clinical coordinator (CC), two registered nurses (RNs), six healthcare assistants (HCAs), chef manager, one administrator and two maintenance technicians interviewed demonstrated awareness of cultural safety and were able to describe ways they apply the principles of Te Tiriti o Waitangi in their roles.</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>	FA	<p>There is a Pacific Health and Wellbeing Action Plan 2020-2025 that commits to providing appropriate and equitable care for residents who identify as Pasifika. The Pacific Model of Health (The Fonofale Model) guides on how Pacific people who engage with the service are supported. Cultural</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>assessments and care plans for residents of each Pacific descent are available to implement. The service has no current residents who identify as Pasifika. There were staff who identified as Pasifika. Staff and management interviewed highlighted the importance of understanding and supporting each other's culture.</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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Four residents (two hospital, two rest home), two family/whānau (both for hospital level of care residents) interviewed reported the Code of Rights was adhered to and residents were aware of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected, and professional boundaries were maintained.</p> <p>The care home manager reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau and residents stated that they were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>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>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. All residents' files reviewed contained appropriately signed consent forms. Resuscitation forms were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. This was verified in interviews with residents and family/whānau. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around Code of Rights, informed consent, and enduring power of attorney.</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/compliments management policy and procedure is equitable and were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously and respected, and to receive a timely response. The service has a complaint register in place. There were three complaints lodged in 2023, and 15 in 2024 and nil year to date in 2025. Most of the complaints were related to laundry and food and had been managed appropriately to the satisfaction of the complainants. The service has key performance indicators with action plans related to laundry services. The care home manager reported that the complaint process timeframes are adhered to (as sighted in the complaints reviewed), and service improvement measures are implemented as required. Documentation, including follow-up letters and resolutions, was completed, and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process and that any concerns or issues they had, are addressed promptly.</p> <p>There has been one complaint received in March 2024 from the Health and Disability Commission (HDC). Investigation notes, response to concerns</p>

		<p>raised and required documentation were sent to HDC in October 2024, with acknowledged receipt by HDC on 16 October 2024. There is no outcome received from HDC to date. .</p> <p>Family/whānau and residents making complaints can involve an independent support person. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and family/whānau interviewed expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</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 Acacia Park is part of CHT Healthcare Trust (CHT). The service provides rest home, and hospital level care for up to 61 beds. All beds are dual purpose. There service has one double room reserved for couples. On the day of the audit this was occupied by a couple.</p> <p>On the day of the audit, there were 59 residents in total. There were 39 residents requiring hospital level of care and 20 rest home level of care residents, including one on long-term support -chronic health conditions (LTS-CHC). The remaining residents were all under the age-related residential care (ARRC) agreement.</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. The care home manager reports on these goals monthly to the area manager.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. The strategic plan reflects collaboration with Māori, which aligns with Ministry of Health strategies and addresses barriers to equitable service delivery.</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 Quality, Health & Safety Committee (QHSC), reports to the Board and monitors CHT's compliance with its policies and procedures on quality, health and safety, and relevant legislation and contractual requirements, as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in CHT managers meetings, as well as being discussed in the monthly staff and quarterly quality health and safety meetings. The Audit and Risk Committee assists 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. The four area managers provide clinical oversight for the care facilities within their region. A detailed analysis of clinical data related to each care homes is prepared and sent to the Board prior to every board meeting. The data is included in the Quality Health and Safety Committee report. The clinical data is compared both internally as well as externally against the national clinical benchmarking data. The reports provided to the Board provide an opportunity for discussions around issues raised and any corrective actions taken.</p> <p>The care home manager, a registered nurse with a current practicing certificate, has been in the role since 2022 and was the clinical coordinator prior to this role. The care home manager is supported by a clinical coordinator who has been in the role for two years. At the time of the audit the care home manager was also managing another local sister facility for a fixed term period until February 2025. Both were on site for the audit. The clinical coordinator with the support of the area manager had oversight of the day-to-day operations of the facility in the temporary absence of the manager. There is an extra registered nurse rostered as well to support the management team during this fixed term period. The area manager, CHT clinical quality lead and an experienced care team support the management team.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>CHT Acacia Park has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at care home level, and benchmarked within the organisation and externally with other aged care providers. Meeting minutes reviewed evidence that quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign-off when achieved.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident, family/whānau satisfaction surveys are completed monthly, with a selection of residents, family/whānau invited to participate each month (on the yearly anniversary of their admission), to cover all residents and family/whānau in a calendar year. The November 2024 year to date rolling responses reviewed reflects overall satisfaction with friendliness, activities and maintenance; however, laundry services have scored low (75%). The service has key performance indicators with action plans related to laundry services. The outcome of the satisfaction surveys has been discussed with residents and family/whānau as per meeting minutes sighted.</p> <p>The risk mitigation plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms were held at the entrance, and an up-to-date hazard register was sighted. The health and safety officer implements and monitors health and safety policies. There are regular manual handling sessions for staff. Staff are kept informed on health and safety issues and updates.</p> <p>Individual reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed, which evidenced that each event involving a resident</p>
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		<p>reflected a clinical assessment and follow-up by a clinical coordinator.</p> <p>Discussions with the care home manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were Section 31 notifications and Severity Assessment Code (SAC) reports completed appropriately. A covid-19 infection outbreak was reported following MoH guidelines in May 2024, and staff were 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them, and residents and family/whānau confirmed this in interviews.</p> <p>The service is fully staffed with registered nurses, providing 24/7 cover for hospital level residents. The partial attainment identified at the previous audit related to HDSS.2021 #2.3.1 has been satisfied.</p> <p>A significant number of staff maintain current first aid certificates, so there is always a first aider on site. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority (NZQA) education programme to meet the provider's funding and service agreement requirements. Twenty-five healthcare assistants have attained NZQA level 3 and above.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Each staff member interviewed reported feeling well-supported and safe in the workplace. Continuing education, including mandatory training requirements, is planned annually. Related competencies are assessed to support equitable service delivery. The five staff records reviewed demonstrated that the staff completed the required training and competency assessments, including cultural, first aid, hand hygiene, hoist, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently. Staff felt well supported with development</p>

		<p>opportunities.</p> <p>Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the general practitioner and the management team.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. Nine of the 14 registered nurses (including clinical coordinator and care home manager) are interRAI trained.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, including recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (general practitioners, nurse practitioners, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. Five staff files (one clinical coordinator, one registered nurse, activity coordinator, and two healthcare assistants) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training records; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>Five resident files were reviewed: two rest home; including one on a LTS-CHC contract, and three hospital. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments,</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>which include (but not limited to) dietary needs, oral health, pressure injury, falls risk, social history, and information from pre-entry assessments completed.</p> <p>The individualised long-term care plans (LTCPs) are developed with information gathered during the comprehensively completed initial assessments and the interRAI assessment. Initial interRAI assessments and long-term care plans have all been completed within three weeks of admission and reviewed at least six monthly, including that for the resident on the LTS-CHC contract.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. The care plans align with the service's model of holistic care. Documented interventions meet the residents' assessed needs and provide resident specific detail to direct comprehensive care delivery. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>The initial medical assessment is undertaken by the contracted general practitioners (GP) within the required timeframe following admission. Residents have had reviews by the general practitioner within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The general practitioner has two clinics per week: one face to face on site and one virtual clinic. The general practitioners provide after hours on-call support for the care home and have access to the resident management system and the medication system. Documentation and records reviewed were current. The general practitioner interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. They provided constructive feedback regarding medication dispensing processes and timeframes. A physiotherapist visits the facility eight hours per week and reviews residents referred by the registered nurses. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including</p>
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	<p>infections, accidents/incidents, general practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were not consistently taken. There were 46 active wound care plans. Not all of these were wounds; the service is proactive in ongoing monitoring of any resident with risk of impaired skin integrity through the use of wound care plans. There were no pressure injuries being managed at the time of audit. Wound records reviewed included skin tears, chronic ulcers, bruises, lacerations and abrasions. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, enrolled nurses and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight, temperature, pulse and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication-competent healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, there are well documented processes for assessing competence, medicine management including storage should a resident wish to self-administer medications. No vaccines are kept on site, and no standing orders are used.</p>

		There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef manager interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring 31 August 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	PA Moderate	The environment is inclusive of people's cultures and supports cultural practices. There is no current building warrant of fitness to fully comply with legislation relevant to the health and disability services being provided. An annual maintenance plan includes electrical testing and tagging, equipment checks, call bell checks, medical equipment calibration, and monthly testing

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>of hot water temperatures. However, the plan has not been implemented.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. 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>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented with input from external IPC services. The quality team approved the IPC programme, which is linked to the quality improvement programme. The IPC programme was current and had been reviewed annually. The IPC policies were developed by suitably qualified personnel, complied with relevant legislation, and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Residents were reminded about handwashing and advised about remaining in their rooms if they are unwell supervised by care staff. This was confirmed in interviews with residents and family/whānau.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included urinary tract infections, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance of all infections (including organisms) is entered into 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.</p> <p>Staff reported that they are informed of infection rates and regular audit</p>

		<p>outcomes at the meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally and externally with results from previous months and other sister facilities.</p> <p>One outbreak in May 2024 (Covid-19) infection has been reported. This was managed in accordance with the pandemic plan, with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with family/ whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint elimination. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents using restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>At the time of the audit the building warrant of fitness displayed expired on 20 March 2024. Interview with the maintenance technicians confirmed that at the last inspection the building failed compliance due to sprinkler system backflow and issues with fire doors. Risk assessments were completed and mitigations were in place in the case of fire. Trial evacuations have occurred according to schedule. Review of electrical equipment demonstrates that test and tag was due in September 2024. This has not been evidenced as completed.</p> <p>Review of the maintenance records indicate that there is a documented annual maintenance inspection for the facility; however, there is no documented evidence to demonstrate that this has been completed as scheduled.</p>	<p>(i). The service does not have a current building warrant of fitness. The one on display expired on 20 March 2024.</p> <p>(ii). Test and tag of electrical equipment has not been completed. Equipment reviewed was due for test and tag in September 2024</p> <p>(iii). There is no documented evidence that the annual maintenance inspection for 2024 was completed as scheduled.</p>	<p>(i). Ensure that the service has a current building warrant of fitness.</p> <p>(ii). Ensure that test and tag of electrical equipment is completed.</p> <p>(iii). Ensure that the annual maintenance of the facility is completed as scheduled and documented.</p> <p>60 days</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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.