

CHT Healthcare Trust - Halldene Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust	
Premises audited:	Halldene Rest Home	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 4 February 2025	End date: 5 February 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:	57	

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

Haldene Rest Home is part of the CHT Healthcare Trust and is certified to provide hospital (geriatric and medical) and rest home level of care for up to 60 residents. On the day of the audit, there were 57 residents.

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

The care home manager is a registered nurse, and they are supported by an experienced team of care and support staff. The area manager and head office management provide additional support and guidance. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified no shortfalls.

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.

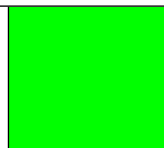


Subsections applicable to this service fully attained.

Halldene Rest Home provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

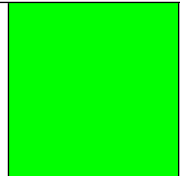
The service is governed by a Board of Trustees. The 2024-2025 business plan includes a mission statement and operational objectives. Services are planned, coordinated, and are appropriate to the needs of the residents. Halldene Rest Home has a documented quality and risk management system. Quality improvement projects are implemented. Internal audits, meetings and collation of data were all documented as taking place as scheduled, with corrective actions as indicated to improve service delivery.

A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits weekly, and the medical practice provides an on-call service 24 hours, seven days per week. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau.

Medication management is in accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by a registered diversional therapist. A broad range of group and individual activities are provided, including van outings. Cultural diversity is celebrated.

The meal service is contracted out and prepared and cooked on site. Dietary preferences, allergies, intolerances and specific needs are catered for. A current food control plan is in place.

There is a process in place for the safe transfer and discharge of residents.

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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There is a current building warrant of fitness. There is a planned and reactive maintenance system implemented. The facility is clean, spacious, and safe for residents. Residents personalise their rooms to their taste. They have access to safe and pleasant outdoor areas.

There is an approved fire evacuation plan and fire drills are held six-monthly. The facility and staff are prepared for emergencies and civil disasters through training, sufficient supplies and a generator. There is always at least one staff member on duty with a current first aid certificate. Call bells are readily available to residents at all times.

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

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

Subsections applicable to this service fully attained.

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

Antimicrobial usage is monitored and reported on. 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.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Cleaning and laundry services are provided by an external contractor. Monitoring systems in place ensures the company provides an effective service and policies and processes are adhered to.

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.

The policy and procedures for restraint minimisation and safe practice align with the Standard. Staff have ongoing training in alternative strategies to restraint and the least restrictive practice. There is a designated restraint coordinator who reports to the clinical coordinator and care home manager. The facility has been restraint free for one year.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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 policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were no residents that identified as Māori.</p> <p>The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. One of the actions established from the Māori Health Plan is to develop meaningful working relationships with kaumātua/kuia/korua at governance, operational, and service level. The establishment of the Māori working party complements this action which includes a kaumātua from Health New Zealand within in it. The care home manager outlined that Halldene Rest Home has long established relationships with local Māori communities to support Māori individuals and whānau.</p> <p>Halldene Rest Home is committed to providing a service that is responsive and inviting for Māori. The service currently has no staff who identify as Māori; however, the care home manager outlined how they actively seek to recruit, retain and train Māori staff. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</p>

		Policies and processes in place ensures residents and whānau are to be involved in providing input into the resident's care planning, their activities, and their dietary needs.
<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>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by the Pasifika working group within the organisation. The plan outlines how the organisation addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pacific community through staff linkages and are strengthening relationships within the local community. Future Pacific residents' individual cultural beliefs are to be documented in the resident's care plan and activities plan. Family members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan.</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>	FA	<p>CHT Healthcare has policies and procedures that are being implemented at Halldene Rest Home and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The managers (care home manager, clinical coordinator) and staff (three registered nurses, eleven healthcare assistants, one admin/</p>

		<p>receptionist, one diversional therapist, one activities coordinator, one chef manager, one enrolled nurse, one maintenance supervisor) interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024. The residents (four hospital and four rest home) and family/whānau (five hospital and two rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed their understanding of Māori mana motuhake and how this is recognised, as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, and spirituality and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Healthcare assistants and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Health and Disability Services Consumers' Rights at orientation and through regular in-services.</p> <p>Haldene Rest Home delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2024 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The philosophy of the organisation is to provide care guided by their</p>

		<p>values of compassion, comfort and connectedness.</p> <p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori Health Plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Review of satisfaction survey results for 2024 evidenced high satisfaction rates in relation to residents and family/whānau believing care delivered was respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is implemented at Halldene Rest Home. CHT Healthcare Trust policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. Halldene Rest Home is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2024. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, and supportive. The administrator confirmed the service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses.</p> <p>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. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>FA</p>	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the Code of Resident Rights, advocacy services, complaints and information around service provision at Halldene Rest Home. Residents interviewed stated they were comfortable discussing any issues with staff. Resident survey results confirmed overall satisfaction with communication. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>Family/whānau interviewed felt they were promptly informed of any changes and general practitioner consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform family/next of kin of any kind of accident/incident that occurs. Staff were aware of their responsibility to inform family/next of kin, of any accident/incident that occurs.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	<p>FA</p>	<p>There are policies documented around informed consent which are implemented. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA</p>

<p>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>documents were on file for residents where required.</p> <p>Consent forms for Covid-19 and influenza vaccinations were also on file and were appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. The informed consent policy incorporates advance directives. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with 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.</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 procedure is provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The care home manager maintains a complaint/compliment register and documents all verbal and written complaints. There were eight complaints in 2023, and four complaints received in 2024. Most were minor in nature. A complaint received by the Health and Disability Commission (HDC) in September 2023 was closed in May 2024, with no follow up required of the provider. The complaints reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commissioner. The care home manager advised that complaints are reported within the monthly report sent to the Board. Complaints and learnings/corrective actions resulting from complaints were evidenced in meeting minutes as being discussed with staff.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility or provided by staff on request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if</p>

		<p>they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and relatives have, are discussed with the care home manager directly and dealt with promptly. The care home manager and clinical coordinator implement an 'open door' policy, which was confirmed during interviews with staff, residents and family/whānau.</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>Haldene Rest Home is part of the CHT Healthcare Trust which is a charitable trust/not for profit organisation. The facility is located in Auckland and provides care for up to 60 residents at hospital (geriatric and medical) and rest home level care. All beds are dual purpose across three levels. All bedrooms are single occupancy.</p> <p>On the day of audit there were 57 residents. This was inclusive of 20 rest home level residents and 37 hospital level residents, including one resident under accident compensation corporation (ACC) funding and one resident on a younger person with disability (YPD) contract. All bar two residents are under the aged residential care contracts (ARCC).</p> <p>CHT Healthcare Trust oversee 16 aged care facilities in the North Island. The governance body consists of seven trustees who each contribute their own area of expertise including finance, accounting, legal, medical and business management. There are several sub-committees including audit and risk, quality, and health and safety. The chair of the Board has served more than 10 years at governance level for CHT. The chief operating officer (COO) works with the Board chair and sub committees to ensure the necessary resources, systems and processes are in place to support effective governance. The COO meets with all care home managers regularly, with staff reporting these meetings ensure they feel connected. The Board meets monthly.</p> <p>The Quality and Health and Safety Committee (QHSC) sub-committee reports to the Board with updates on compliance with policies and procedures, health and safety, clinical governance and relevant legislation and contractual obligations. The strategic plan is reviewed</p>

		<p>annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. The area manager provided support for this audit and outlined that the clinical quality lead is the lead for development and delivery of the Clinical Quality Strategy. They work with the area managers to ensure a strong clinical quality culture. The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the strategic map include a commitment to providing a resident focussed experience, provision of equal access to aged care services and the creation of an environment where residents want to be, community want to visit, and staff are happy to work.</p> <p>The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. A kaumātua from Health New Zealand is a part of the CHT Māori working party. One of their main goals is to focus on the delivery of kaupapa Māori and whānau centred models of care. The Board members senior management group and care home managers complete Te Tiriti o Waitangi, health equity and cultural safety training.</p> <p>The facility manager is a registered nurse and has been in the position for three years, having previously worked in a neighbouring CHT facility. They have a background in acute care before their current role. The clinical coordinator has been in the role since 2017. They have a background in aged care. An area manager supports them in their roles. A team at head office provide financial, human resources, property, and clinical/quality support. An administrator/receptionist and a team of clinical and non-clinical staff provide support at Halldene Rest Home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p>	<p>FA</p>	<p>CHT Healthcare Trust has an established quality and risk management system which has been developed by an external consultant and is being implemented at Halldene Rest Home. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have</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>been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is collated and reported to the Board in the monthly report. Meeting minutes reviewed confirmed there was discussion in the staff meetings around quality data. Information including graphs and meeting minutes was shared with staff who were unable to attend the meeting. All facility meetings have been held according to schedule.</p> <p>Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff have completed cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident surveys are sent out monthly in line with the resident's birth date. Results were noted to have been collated, graphed and shared with staff and residents/family/whānau. A review of the data evidenced positive comments relating to the care and services provided at Halldene Rest Home.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. A health and safety representative (registered nurse) was interviewed about the health and safety programme. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data (and in the Board report). Incident data was evidenced as discussed at all facility meetings.</p> <p>Discussions with the area manager and care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been adverse event notifications completed for falls with injury, which were sent through to the quality</p>
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		<p>team for review. There has been appropriate Section 31 notifications and notifications to the Health Quality and Safety Commission. There has been outbreaks of Covid-19 since the last audit, which were notified to Public Health in a timely manner.</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 which is implemented. The rosters reviewed provides sufficient coverage for the delivery of care. The care home manager and clinical coordinator work full time from Monday to Friday. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the healthcare assistant's interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2025. Education in 2024 included manual handling; infection control; outbreak/Covid-19 management; health and safety; hazard management; abuse and neglect; pain management; and fire drills. External speakers or staff provide an extra training session on the months between the study days. Training is also provided to staff through toolbox talks. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate 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.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-six healthcare assistants have completed their level four qualifications, two have completed level three, one has completed their level two, and five have completed level one. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. There are nine registered nurses and one enrolled nurse who have completed interRAI training. Staff interviewed confirmed</p>

		that CHT Healthcare Trust organisational systems promote health care and support worker wellbeing. Staff were complimentary about the team culture and management support.
<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 policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Seven staff files were reviewed. All staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals, including registered nurses, general practitioner, physiotherapy and podiatry. The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Healthcare assistants' complete medication competencies once they have completed all orientation processes and have settled into their roles.</p> <p>The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided. This was evidenced as having occurred following Covid-19 outbreaks. A staff wellbeing initiative is led by two wellness officers, who implement the programme within the facility. The administrator outlined how this works, with a different focus for each month which is staff driven. Staff interviewed were complimentary regarding how well this is working and the positive benefits for the team and workplace.</p>
Subsection 2.5: Information	FA	The service utilises an electronic format for resident information,

<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>		<p>documentation, and data. Electronic information including policies and procedures, incidents, and accidents are backed up and password protected. The electronic resident files are appropriate to the service type and demonstrate service integration. Consent and admission agreements were completed in hard copy and added to the electronic system. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment and service coordination (NASC) team were sighted in residents' files. There is accurate information about the facility and services available on the CHT website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the care home manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. Where there are delays to entry, such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer. The care home manager stated they would only decline entry if a prospective resident needed dementia or psychogeriatric level care.</p> <p>The care home manager collates enquiry forms and reports to the area manager on decline rates. This data includes ethnicity and staff stated</p>

		<p>they will be using this information to monitor decline rates for Māori.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The care home manager stated 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>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed, including four hospital level (one resident on a YPD contract and one resident on ACC funding), and four rest home level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the activities coordinator has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage, from assessment to care planning to evaluation. Initial assessments, short-term admission care plans, interRAI assessments and long-term care planning are completed within the timeframes required by the age-related residential care contract. InterRAI is not used for the YPD resident; however, they undergo a comprehensive assessment utilising validated tools and care planning based on the assessment process. InterRAI was used for the resident on ACC funding.</p> <p>Medical assessments are completed by either the contracted general practitioner or the resident's own general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven days per week on-call services. The general practitioner confirmed staff work collaboratively and inform them in a timely manner when there are changes.</p> <p>The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural</p>

	<p>assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. There is a contracted physiotherapist on site eight hours per week, who undertakes assessments for mobility and contributes to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where the interRAI assessment shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and holistic and cover all medical, social, cultural and spiritual needs and preferences. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Currently there are no residents who identify as Māori; however, the registered nurses interviewed demonstrated their understanding of involving residents and whānau in identifying specific cultural preferences and needs. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system and printed so healthcare assistants can easily access them.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports given are helping to achieve these. When care plans are updated, they are printed and communicated to healthcare assistants. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs,</p>
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		<p>such as wounds and infections. At the time of the audit there were 19 wounds being treated, including one stage III, three stage II and one stage I pressure injury. A review of all pressure injury care plans and a sample of wound care plans and photographs show wounds and pressure injuries are managed according to best practice, with input from a wound nurse specialist as needed.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the healthcare assistants and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight (monthly as a routine or more often if indicated); blood glucose; behaviour; positioning; bowels; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles would be included within the care plan for Māori. The clinical coordinator reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. 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 who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities programme is delivered by two registered diversional therapists; one who works full-time and is assisted by one other</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</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>activities coordinator. Activities are provided seven days per week. Review of resident files shows activities plans are informed by using information from the map of life (significant people 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. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided, including physical exercises to enhance strength and balance, individual and group walks outside, and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading, and board games. Social activities include happy hour, outings in the community, and activities themed each month including Easter, Christmas, Matariki, and Te Wiki o Te Reo Māori as examples. A local church visits once a month to provide a church service. Residents (where able) are taken out to church and other venues by family and whānau. Residents prepare a range of food including scones and pikelets as examples. CHT Healthcare Trust runs a monthly event and recently Halldene Rest Home had a summer barbeque in the courtyard. Photographic evidence was sighted of the range of activities provided.</p> <p>Outings occur weekly and staff keep a record of which residents go out, so all have an opportunity to go out regularly. Residents are transported in a van by a contracted company, accompanied by two staff members. Residents are taken out to local beaches, cafes, for ice creams, to the Pūhoi pub for lunch, and to have fish and chips at the beach. Regular outings include visiting the local “lunch club” where residents and members of the community are entertained, mingle with each other and have lunch. Entertainers visit the facility at least monthly but often more frequently. A variety of entertainers are used, including a harp player, singers, a puppet show and pet therapist. A local school kapa haka group visit to perform on occasion and residents are taken to watch the group practice for events such as Matatini. Activities staff interviewed stated they have connections with the local marae and would consult them if there was a Māori resident, in order to maintain their connections with whānau and hapū.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by registered nurses, enrolled nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident record file and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in a locked room and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Sixteen medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted</p>

		<p>about medication changes.</p> <p>One resident self-medicates a topical cream. Evidence was sighted in their file of three-monthly competency assessments, to ensure the resident is safe to self-administer this medication. The medication was sighted as stored securely in the resident's room.</p> <p>There are no standing orders. Over-the-counter medications and supplements are considered by the general practitioner and where possible, prescribed on the medication chart. Staff interviewed demonstrated their understanding of the requirement to provide appropriate support, advice and treatment for Māori, including involvement of whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is contracted out to an external catering company. All food is prepared and cooked on site by a chef manager and a catering assistant on each shift (there are seven catering assistants in total). The menu is developed by the external catering company 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 a whiteboard on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. Monthly meetings are held with residents to obtain feedback on the food service and where there are complaints, minutes of meetings show these are addressed and followed up. A sandwich tray is prepared for each area in the evenings for staff to offer a light snack for residents at night. There is also access to pureed food such as yoghurt as needed. The kitchen is spacious, well organised and clean.</p> <p>The chef manager has recipes to prepare traditional Māori kai and this is provided during Matariki and Te Wiki o Te Reo Māori. Other ethnic food is prepared and served regularly.</p> <p>Meals are plated in the kitchen and transported to each wing in a hotbox. The temperature of all hot meals is recorded. There are three dining areas on each floor. The food service was observed in a dining</p>

		<p>room, and residents were seen to be enjoying their meals. 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 it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is dated 11 June 2024. The chef manager uses an electronic system called Safe Food Pro to record that daily checks and cleaning is done, and to 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 and ongoing training is managed by Compass.</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>	<p>FA</p>	<p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Staff were seen to be supporting and assisting one family/whānau who are trying to find a suitable facility for a resident who has been assessed as needing a different level of care. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital, they send a summary of care needs, medication chart, legal documents and shared goals of care in a yellow envelope (Health New Zealand transfer documentation) with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers. Staff could access Māori health practitioners if needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments, allied health appointments and dentist appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with</p>

		residents.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building current warrant of fitness is current to 21 June 2025. Maintenance is managed by CHT head of properties and implemented by a maintenance person on site. There is an annual maintenance plan for planned maintenance including checks of the building, testing and tagging of electrical equipment (last completed February 2024), calibration and servicing of clinical equipment and hoists (last completed 2 July 2024), testing of the call bell system, hot water checks and wheelchairs. Checking a maintaining compliance for the building warrant of fitness is contracted out. Maintenance of the grounds and gardens is contracted out.</p> <p>There is a maintenance logbook for repair and maintenance requests located in the reception area. This is checked daily, logged into an electronic system and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>A tour of the facility was conducted. The facility is on three levels. Residents are on level one and two. Each resident floor is divided into three areas, with each area having a lounge, kitchenette and dining area. There are four standard rooms that have a toilet and handbasin and all other rooms have a full ensuite with shower. There is a communal shower for residents in standard rooms. There are resident rooms on the first floor which have access to the internal courtyard. All other resident rooms have windows providing natural light and ventilation. The internal courtyard is well appointed and has raised garden beds, a circular pathway for residents to walk safely, seating areas and shade.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau. There are photographs along the hallways of local beaches and landmarks. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating in resident areas. Corridors are wide, have safety rails and promote safe</p>

		<p>mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>All rooms are single and spacious. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings, as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. Visitor's toilets are clearly identified. The facility is non-smoking. There is a process in place to consult with Māori should any changes to the facility be planned.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, with the last one being held in January 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The clinical coordinator checks the civil defence supplies monthly. In the event of a power outage, there is a generator in place and a gas barbeque. There are sufficient food stocks for three days if needed.</p> <p>There are adequate supplies in the event of an emergency, including two 2000 litre water tanks outside. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available. The call bell system is monitored for response times. Call bells are in each bedroom, ensuite and communal toilets and showers. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close</p>

		proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours and staff complete security checks at night.
<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.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Halldene Rest Home quality programme, which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health, Health New Zealand, and the quality team at head office. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the organisations quality team, the general practitioner and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (registered nurse) and the care home manager confirmed any outbreaks are reported immediately. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The organisation incorporates the Bug Control into the development of the infection control programme, and this has been approved by the management team. The infection prevention control programme is reviewed and discussed at infection control meetings. The main annual meeting includes all infection prevention and control coordinators.</p> <p>Infection control data is included in the clinical coordinator reports which are discussed at Board level. The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the quality team regularly to ensure</p>

	<p>compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>The infection prevention and control coordinator registered nurse job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed external infection control training and training provided through online sources. The infection prevention and control coordinator has access to support from the infection control specialist at Bug Control, the general practitioner and public health team. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The area manager takes responsibility for the completion of infection prevention and control audits to monitor the effectiveness of education and infection control practices. Corrective action plans are created when there are areas identified for improvement.</p> <p>The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The infection prevention and control coordinator has input into the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori.</p> <p>The infection prevention and control coordinator confirmed awareness regarding the need to work in partnership with any Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use</p>
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		<p>equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene, skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The general practitioner and clinical coordinator provide oversight on antimicrobial use within the facility.</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</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the CHT Healthcare Trust infection prevention control manual, which is implemented at Halldene Rest Home. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>including organisms and ethnicity. This data is monitored and analysed for trends and patterns and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>There have been Covid-19 outbreaks since the last audit (June 2024 and November 2024). These have been appropriately reported. Review of documentation confirmed infection outbreak logs and documentation pertaining to the outbreaks was comprehensive. Discussion with the infection control coordinator, staff and review of documentation confirmed that that debrief meetings were held to discuss what went well and what improvements will be implemented on the next occasion. The management team and infection control coordinator report the individual infections were recorded on the infection logs (sighted). This included information pertaining to the length of the outbreak and residents and staff affected.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within 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</p>	<p>FA</p>	<p>All laundry and cleaning are contracted to an external provider. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff using chemicals have completed appropriate safety training. A chemical provider monitors the effectiveness of chemicals. The care home manager outlined how the provider monitors that contracted staff and facility staff were knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks.</p> <p>Cleaning services are provided by an external contractor seven days per week. Staff complete appropriate training within the company, with additional training requirements set by the organisation in regard to chemical safety and knowledge required to safely work within the facility.</p> <p>Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. There is provision of a small washing machine and dryer for when staff are asked to launder resident's personal clothing. These machines are part of the maintenance team's schedule and are checked and serviced regularly. There are defined dirty and clean rooms for the safe management of laundry.</p> <p>The area manager performs the cleaning, and laundry audits and informs the care home manager of any gaps. It was confirmed there is a clear pathway to provide feedback to the external contractor, should the service supplied be suboptimal.</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 service has a restraint minimisation and safe practice 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. The facility has been restraint free for one year. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board.</p> <p>The policies and procedures reviewed meet the requirements of the Standard. An enrolled nurse is the restraint coordinator. They provide support and oversight should restraint be required in the future. There is</p>

		<p>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 clinical coordinator and care home manager. 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. Discussion with family/whānau would occur and their consent is required.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.