

CHT Healthcare Trust - Lansdowne Hospital and Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Lansdowne Hospital and Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 March 2025 End date: 7 March 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:	94

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
	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
	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

Lansdowne Hospital and Rest Home (CHT Lansdowne) is operated by CHT Healthcare Trust (CHT) and is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 95 residents. There were 94 residents on the days of audit.

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

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

This certification audit has identified no shortfalls and the service meets the Standard.

A continuous improvement rating was awarded for the implementation of innovative strategies to minimise risks and enhance resident safety.

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.



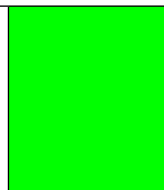
Subsections applicable to this service are fully attained.

CHT Lansdowne provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences.

The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

CHT Healthcare Trust has an overarching strategy map with clear business goals to support organisational values. CHT Lansdowne business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that takes a risk-based approach, to meet the needs of residents and their staff. Internal audits, meetings, and

collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained. A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are 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 and nurse practitioner who visit twice a week and are available on call after hours. 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, prepared and cooked on site. Dietary preferences, allergies, intolerances and specific needs are catered for.

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 are fully attained.

There is a 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 are appropriate heating and ventilation within the facility.

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.

Security procedures are implemented to safeguard staff and residents.

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.

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There is an outbreak and pandemic response plan in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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CHT Healthcare Trust is committed to work towards a restraint free environment. 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. There were three residents using restraint. Appropriate approval/consent, assessment, review and monitoring processes are followed.

Restraint use is part of the quality programme, reviewed and reported on. Quality review processes have been implemented.

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	29	0	0	0	0	0
Criteria	1	175	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 is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Lansdowne Hospital and Rest Home (hereafter CHT Lansdowne) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan and demonstrated in practice. There are clear processes to include tikanga in everyday practice. Staff have completed cultural training around Te Tiriti o Waitangi.</p> <p>Links have been established with local iwi, staff, current residents and their family/whānau. Residents' family/whānau and staff provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health New Zealand for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The CHT Lansdowne business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori. The service</p>

		<p>has signage throughout in Māori and the Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English, with pamphlets available.</p> <p>Interviews with fifteen staff (four healthcare assistants [HCAs], five registered nurses [RNs], three activity coordinators, one maintenance technician, one contracted chef manager and one contracted cleaner), and three managers (care home manager, clinical coordinator and area manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging Pacific cultural norms and values, respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were residents identifying as Pasifika at the time of audit. The residents' family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with six residents (three hospital and three rest home), and four family/whānau (three hospital and one rest home) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Lansdowne actively consults with Pacific communities to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There are relationships and consultation with Pacific providers who visit to provide services for Pacific people.</p> <p>The Code is accessible in a range of Pacific languages. There are staff employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code is displayed in English, sign language and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care home manager, clinical coordinator, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the care home and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, as sighted in the information pack given to residents on admission. The service recognises Māori mana motuhake through its Māori health plan, and staff could describe how they fully support the values and beliefs of any Māori residents and family/whānau.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>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>The healthcare assistants interviewed described how they support residents to choose what they want to do each day. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The CHT Lansdowne annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Resident and family/whānau interviews confirmed that residents are treated with respect and their dignity maintained. Feedback including</p>

		<p>compliments is regularly shared at resident, family/whānau and staff meetings. A sexuality and intimacy policy is in place, with training part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Resident files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents.</p> <p>Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit the resident and they felt welcomed. The management team confirmed that cultural diversity is embedded at CHT Lansdowne, and this was confirmed during interviews with staff and observed at audit. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. The policy outlines a set of standards, behaviours and conduct that all staff employed at CHT Lansdowne are expected to uphold. CHT organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during each new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>CHT as an organisation is inclusive of ethnicities, evidenced in the range of ethnicities represented both among the residents and staff.</p>

		<p>Diversity is celebrated and cultural days are held to showcase food, dress, music, dance and cultural practices.</p> <p>All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The CHT Māori Health Plan includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical coordinator and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>Information regarding the service is provided to residents and family/whānau on admission. Three-monthly resident and family/whānau meetings identify feedback and consequent follow up by the service. Minutes are shared with family/whānau and residents who may not have been able to attend. Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify next of kin of any adverse event that occurs. The accident/incident forms reviewed identified next of kin are kept informed; this was confirmed through interviews with family/whānau. This is also documented in the progress notes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated, in addition to staff members and volunteers who speak the residents' languages. At the time of the audit there were a number of residents who could not speak English, and communication methods included the use of staff</p>

		<p>and volunteer interpreters, communication cards, and sign language.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand health specialist services.</p> <p>The delivery of care includes a multidisciplinary team. The management team were able to describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the care home and felt informed regarding events and changes through regular communication and newsletters.</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>There are policies around informed consent which were understood by staff. Ten resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the ten resident files reviewed, there were appropriately signed resuscitation plans and shared goals of care in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints management policy and procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, collated in a complaint register. Documentation reviewed including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There was one complaint lodged in 2023, five in 2024, and no complaints lodged year to date 2025. The complaints reviewed were all managed appropriately to the satisfaction of the complainants. The service has key performance indicators with action plans related to the themes from complaints. There were no external complaints.</p> <p>The care home manager reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held three-monthly and create a platform where concerns can be raised. During interviews with residents and family/whānau, they confirmed the care home manager is available to listen to concerns and acts promptly on issues raised. Family/whānau and residents making complaints can involve an independent support person. The complaints process is linked to advocacy services. The Code is visible and available in te reo Māori and English.</p> <p>Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality, and health and safety meetings (minutes sighted). Any higher risk complaints would be managed with the support of the area manager.</p>
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<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 Lansdowne is part of CHT Healthcare Trust (CHT). The service provides rest home and hospital level care for up to 95 residents. Forty beds are dual purpose.</p> <p>On the day of the audit, there were 94 residents in total. There were 71 residents requiring hospital level of care, including two on Accident Compensation Corporation (ACC) funding (one long-term and one respite); one on a long-term support - chronic health conditions contract (LTS-CHC), two on younger person with a disability (YPD) contract; and 23 rest home level of care residents, including one on a LTS-CHC. The remaining residents were all funded 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. CHT's key business goals include to provide a truly resident focused experience, to provide equal access to aged care services, to maximise CHT's relevance in aged care, and to create an environment where our residents love to live, our community love to visit and our staff love to work. Key Performance Indicators and Action plans are set both at organisational and care home level to support these goals. For example, in relation to the goal to provide equal access to aged care services, CHT aims to achieve this by providing affordable care and by enhancing the physical and mental wellbeing of their residents. Premium rates and room sizes are in line with those principles, supporting their goal.</p> <p>The 2024-2025 business plan being implemented at CHT Lansdowne includes a mission statement and operational objectives with site specific goals related to (but not limited to) budgeted occupancy; resident satisfaction including customer engagement, effective communication (shared goals of care), and welcome; enhancing meaningful and culturally safe activities, staff education on sector standards; improving resident safety by reducing hospital acquired infections and falls rates; improved use of information technology and group resources to support effective documentation; enhancing the laundry service (weekly clothing audits); and enhancing staff retention and satisfaction with the introduction of the wellbeing platform. The care home manager reports on progress in these areas monthly to</p>
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		<p>the area manager.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. The strategic plan reflects collaboration with Māori, which aligns with Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>CHT's Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. Cultural advisors at the governance level ensure Māori have meaningful representation and substantive input into organisational operational policies. CHT's Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. CHT have established a Māori working party to complement this action, including respected kaumātua. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</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 at care home level. The Audit and Risk Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk</p>
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		<p>management practices.</p> <p>The CHT clinical systems lead provides oversight of the organisational clinical governance, working alongside the area managers to ensure a strong clinical quality culture. The five area managers provide clinical oversight for the care homes 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 for aged care providers. 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 and clinical coordinator are both experienced registered nurses with current practising certificates. The care home manager has been in her role for 9 years and was the previous clinical coordinator at CHT Lansdowne. The clinical coordinator has been in her current role for seven months and was previously a registered nurse at Lansdowne. They are supported by an experienced area manager, CHT clinical quality lead and care team. The care home manager and clinical coordinator have completed more than eight hours of training related to managing an aged care facility which includes monthly CHT specific business meetings and education/training, New Zealand Aged Care Association (NZACA) Conference, NZACA full day workshops, infection control, and cultural training.</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>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</p>	<p>FA</p>	<p>CHT Lansdowne has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, medication errors) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager (completed in July and November</p>

<p>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>2024). These have been completed comprehensively, and corrective actions have been documented and signed off when achieved.</p> <p>The monthly staff meetings and quarterly quality, health and safety meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident and family/whānau satisfaction surveys are completed monthly, with a selection of residents and family/whānau invited to participate each month (on the yearly anniversary of their admission), with the aim of covering all residents and family/whānau in a calendar year. The November 2024 year to date rolling responses reviewed reflects overall satisfaction with care, friendliness, activities, and likelihood to recommend; however, areas of dissatisfaction included laundry, cleaning and food services. The service has key performance indicators with action plans related to laundry, cleaning and food services (which are all contracted services). The outcome of the surveys and actions taken were discussed with the residents and family/whānau in resident meetings minutes (sighted) with evidence of improved satisfaction over the last three months.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha has meaningful representation through the three-monthly resident and family/whānau meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed to ensure compliance with standards and contractual requirements. Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service.</p> <p>A health and safety system is being implemented, led by a health and safety committee of four, comprising representatives from the RN team, HCA team, the clinical coordinator and the care home manager with the maintenance technician co-opted as required. All committee members have completed the required external training for health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues</p>
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		<p>annually.</p> <p>Seventeen accident/incident forms were reviewed which indicated that these are appropriately managed, family/whānau informed and opportunities to minimise future incidents developed. Electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the staff and quality, health and safety meetings.</p> <p>Discussions with the care home manager and clinical coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and severity assessment code (SAC) notifications have been completed where required. There have been two outbreaks since the last audit, both of which were appropriately managed and reported.</p> <p>The service has built on their previous continuous improvement approach on falls prevention strategies to minimise risks and enhance resident safety. A continuous improvement rating was awarded for the implementation of innovative strategies.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, registered nurses, casual, or bureau staff. There were no registered nurse vacancies reported at the time of audit. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The clinical coordinator supported by the area manager will perform the care home manager's role in their absence. Relieving care home managers are used for longer periods to perform the care home manager's role. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and staff and resident/family meeting minutes.</p> <p>The care home manager and clinical coordinator are both available from Monday to Friday. The roster reviewed evidenced registered</p>

	<p>nurse cover 24/7. The number of healthcare assistants on each shift is sufficient for the acuity, layout of the care home, support with the workload and to provide safe and timely care on all shifts.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (through the Dayforce electronic learning management system and clinical topics), which includes cultural awareness training. Staff have completed cultural awareness training online which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Health New Zealand, hospice and the organisation's online training portal, which can be accessed on personal devices.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four healthcare assistants are employed, 41 of whom have achieved a level 3 NZQA qualification or higher.</p> <p>The CHT Lansdowne orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for moving and handling, fire safety and infection prevention and control. A record of completion is maintained on an electronic register.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. In addition to the clinical coordinator and care home manager, a further six of eleven registered nurses are interRAI trained. All registered nurses are encouraged to also attend external training, webinars and zoom training where available. All staff, including registered nurses, attend relevant staff and registered nurse meetings when possible. All registered nurses are encouraged to attend in-service training and have completed training around infection control, including Covid-19 preparedness, effective communication in the care setting, accident</p>
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		<p>and incident reporting, wound care, code of rights and introduction to dementia.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture. In 2024 a new CHT wellness programme was introduced for staff which includes a wellness application (for phones) and a wellness platform for staff with an individual login. This includes healthy living education, recipes, movement initiatives monthly wellbeing themes (for example, frugal February), and ongoing support to encourage staff to live balanced, healthy lives. This is reinforced by the Chief Executive Officer in her weekly message to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Eight staff files reviewed (one clinical coordinator, two registered nurses, four healthcare assistants and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year have had an annual performance appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) general practitioner, dietitian, podiatrist, pharmacists and physiotherapist. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Information held about staff is kept</p>

		<p>secure, and confidential.</p> <p>Ethnicity data is identified for staff, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and electronic format. Electronic information is regularly backed-up using cloud-based technology and password protection. There is a documented CHT business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. 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 care home manager (supported by CHT's area manager) is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <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</p>	FA	<p>There is a policy documented 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 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</p>

<p>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>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. A follow-up phone call is made to the prospective resident or their family/whānau to answer any further questions. 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.</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 they are 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>Ten resident files were reviewed, including seven hospital level (one on ACC funding, one YPD) and three rest home level residents (including one on LTS-CHC funding). 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, interim care plans,</p>

	<p>interRAI assessments and long-term care planning are done within the timeframes required by the age-related residential care contract. The residents on LTS-CHC and YPD funding do not require an interRAI; however, these were completed.</p> <p>Medical assessments are completed by either the contracted GP or nurse practitioner (NP) or the resident's own GP within the required timeframes. Residents then have a three-monthly review by the general or nurse practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides after-hours on-call services including weekends. The nurse practitioner confirmed staff work collaboratively and issues are mainly identified and worked out during business hours, but they welcomed calls from the registered nurse to discuss any concerns during evenings and weekends. The activities coordinators completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The residents on LTS-CHC and YPD funding and any residents that exhibits challenging behaviour had an activities 24-hour care plan completed accessible to healthcare assistants to assist to combat boredom, decrease anxiety and assist to provide strategies for de-escalation.</p> <p>The lifestyle assessment includes cultural 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 onsite 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 interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, individualised, holistic and align with the Te Whare Tapa Wha model of care. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Residents who identify as Māori have a care plan that includes their 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</p>
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	<p>signs are documented and communicated to staff. Care plans are recorded on the electronic system and printed so healthcare assistants can easily access them.</p> <p>Registered nurses and healthcare assistants described how they involve residents and family/whānau in implementing care plans. Residents and family/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 reassessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress towards their goals or identify new needs. Family/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 such as wounds and infections. At the time of the audit there were 23 wounds, including one pressure injury (suspected deep tissue injury). A wound register is maintained on the electronic system. A sample of wound assessments and care plans show wounds are managed according to current best practice.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. A handover was observed during the audit. Interviewed staff stated 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 and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p>
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		<p>In assessing and monitoring residents, the following monitoring charts are completed: weight (monthly as a routine or more often if indicated); blood glucose (if needed); 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 are 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. Residents who identify as Māori confirmed their cultural identity is respected and their needs are met. 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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is delivered by a team of four activities coordinators, all qualified diversional therapists (three working full time and one part time). Activities are provided seven days per week. There is a separate activities programme for rest home, hospital and younger people in the facility are incorporated into the activities planner; however, some themed celebration and group activities occurred together. There are weekly church services.</p> <p>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. Three-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</p>

		<p>balance, individual and group walks outside, and floor and table games. Cognitive activities include simple word games, 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. Residents (where able) are taken out to other venues by family/whānau or using the bus trips that are on offer three to four times a week. Residents are transported by an external contractor. The activities coordinators stated they offered opportunities for food preparation and baking, one rest home resident was observed doing domestic chores at lunch time. Photographic evidence was sighted of the range of activities provided. Entertainers visit the facility including cultural entertainers. Residents who identify as Māori are supported to participate in te ao Māori by maintaining connections with whānau and hapū, visiting the local maraes and Māori art centre.</p> <p>The residents on LTS-CHC and YPD funding and any residents that exhibits challenging behaviour had an activities 24 hour care plan completed accessible to healthcare assistants in the resident's room to assist to combat boredom, decrease anxiety and assist to provide strategies for de-escalation.</p> <p>Individual activities include reminiscing, pampering, reading stories and discussing residents' photographs. A record of individual activities provided was sighted.</p> <p>Seven volunteers are actively involved in the provision of one on one activities. Residents interviewed stated they were satisfied with the activities provided and especially the exercise programmes on offer.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. There is an electronic medication system 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 GP or nurse practitioner completes three-monthly medication reviews. A medication round</p>

<p>current legislative requirements and safe practice guidelines.</p>	<p>was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on the electronic resident management system and appropriate investigation and follow up is completed.</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. There are two medication rooms. Medicines were seen to be stored in a locked trolley and locked medication rooms and a controlled medication safe. The medication refrigerators 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. Medication stock is stored securely, and expiry dates are checked weekly.</p> <p>Twenty 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 about medication changes.</p> <p>There are five residents partially self-administering either inhalers, ointments or eyedrops. Residents have a competency assessment completed and reviewed with the three monthly medication reviews. The RN delivers the medication to the resident at time administration is required. The fact that the resident is self-administering medications is documented in the care plan. The medication management policies guides the process if residents wish to self-administer their medications. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the general practitioner and where possible, prescribed on the medication chart. Māori residents and whānau confirm they have access to their medications and are aware of the indications and</p>
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		potential side effects.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen has been fully refurbished in March 2024. The food service is contracted out to an external catering contractor and prepared and cooked on site by a chef manager, another chef (weekend) and a kitchen assistant. The menu is developed by the catering contractor 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. Resident meetings are held regularly to obtain feedback on the food service. The chef manager meets with individual residents to discuss their personal preferences and dislikes. A sandwich trolley is set up each evening for staff to make sandwiches for residents at night. There is also access to ‘pure food’ moulded food and other pureed food such as yoghurt as needed. The kitchen is spacious and well organised.</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 cultural preferences are catered for and options are built into the menu including Chinese and Indian.</p> <p>Meals are plated in the kitchen and transported to each wing in a hotbox. The temperature of all hot meals is recorded. The food service was observed in the dining 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 assisting residents with eating who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is verified and expires on 31 June 2026. The chef manager uses an electronic system to record daily checks and cleaning is done, and to record the</p>

		<p>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 freezer and walk in refrigerator is labelled with the date of preparation. All staff in the kitchen have safe food certificates (sighted) and have completed training in allergens, hand hygiene, and temperature control. Cleaning schedules are maintained.</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. 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 or nurse 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 with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers, including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, 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 residents.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness expiring on 4 March 2026. Maintenance is managed by the CHT head of properties and implemented by a maintenance technician on site and a local supervisor. There is an annual maintenance plan for planned maintenance, including checks and compliance for the building</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>warrant of fitness; testing and tagging of electrical equipment (last completed August 2023); calibration and servicing of clinical equipment and hoists (last completed June 2024); testing of the call bell system; hot water checks; and maintenance of the building and grounds.</p> <p>Staff log maintenance or repair requests on an electronic system. This is automatically alerted to the maintenance technician and signed off when repairs have been completed. Essential contractors such as plumbers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated that maintenance requests are actioned in a timely fashion and that they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>A tour of the care home was conducted. The care home is on one level and divided into four wings titled Musick Point/Half Moon Bay, Cockle Bay, Howick, and Maraetai, named after the bays and beaches in the area. Standard rooms have a toilet and handbasin and premium rooms have either their own full ensuite with shower or an ensuite shared with the adjoining resident. There are sufficient communal toilets and showers in each area for residents in standard rooms. Each wing has a lounge, dining area and kitchenette. Residents can easily access the garden areas. Garden areas are well appointed, have raised gardens and adequate seating and shade.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau. Communal areas are carpeted. All bedrooms and communal areas have ample natural light and ventilation. There is wall heating throughout the care home and one designated lounge area (Half Moon Bay) which is cooled when the temperatures are hot with air conditioning. Corridors are wide, have safety rails and promote safe 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</p>
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		<p>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 privacy signs on all shared shower/toilet doors. The visitor's toilet is situated near the reception. The facility is non-smoking inside.</p> <p>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, outline 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 2 September 2010. A fire evacuation drill is repeated six-monthly, with the last drill being held on 11 September 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The maintenance officer checks the civil defence supplies monthly. In the event of a power outage, there is a generator in place which is able to maintain full services for the care home. There are sufficient food stocks for three days if needed. There are adequate supplies in the event of an emergency, including two 5000 litre water tanks outside and extra bottled water in the civil defence cupboard.</p> <p>Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. The registered nurses, the activities coordinators and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>All call bells are checked monthly. Call bells are in each bedroom, ensuite and communal toilets and showers. Attenuating panels in hallways alert care staff to who requires assistance. Residents were</p>

		<p>observed to have their call bells in close proximity.</p> <p>The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the clinical quality lead, Bug Control and collaboration with the CHT infection control staff. Infection control data is also sent to CHT head office, where it is reported at monthly Board meetings. The data is also benchmarked with other CHT care homes. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and Health NZ that provide expert advice.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the care home. Residents and staff are offered vaccinations as required.</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 infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is approved by governance, and links to the quality management and incident management system. The programme is reviewed annually. A registered nurse oversees infection control and the AMS programme across the service as the infection control resource nurse (IFCRN). The IFCRN work alongside a committee with representation from all departments. The job description outlines the responsibility of the role.</p> <p>The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment, with extra stocks available as required. There is a process to ensure stock gets rotated and checked for expiry dates.</p> <p>The infection control resource nurse (IFCRN) has completed infection</p>

		<p>control education. There is good external support from the general practitioner, laboratory, Bug control, and Health New Zealand infection control nurse specialist. The IFCRN has input into purchasing supplies and equipment.</p> <p>The online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by clinical quality lead, Bug Control in consultation with infection control resource nurses. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. There are processes in place to ensure single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents. Māori protocols are adhered to, and staff are able to describe these practices, acknowledging the spirit of Te Tiriti O Waitangi. There is a process in place to consult with the IFCRN, should any changes to the facility be planned.</p> <p>Infection control audits are conducted. The infection control policy states that CHT Lansdowne is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails.</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</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The general practitioners and nurse practitioner review antimicrobial use monthly by signing the antimicrobial quantity and quality report provided to them. The antimicrobial policy is appropriate for the size, scope, and complexity</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>of the resident cohort.</p> <p>Infection rates are collated monthly and reported to the quality, health and safety and staff meetings, as well as CHT head office (clinical quality lead). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic resident management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, health and safety and staff meetings and sent to CHT head office.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Health New Zealand for any community concerns. All communication between the facility, residents, family/whānau and external services occur in a culturally appropriate manner.</p> <p>There have been two outbreaks since the last audit and include a Covid-19 outbreak (July 2024) and gastroenteritis outbreak (October 2024). Toolbox meetings and debrief meetings for `lessons learned` were implemented and documented processes. The appropriate reporting guidelines were completed. The healthcare assistants confirmed they are well trained to respond rapidly. Family/whānau were kept informed by phone or email. There are supplies of personal protective equipment available for staff, residents and visitors.</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 safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a secure cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training in the last 12 months. A chemical provider monitors the effectiveness of chemicals. Cleaning services are provided by on-site cleaners who are contracted by an external service. There are centrally located two sluice rooms (with a sanitisers), stainless steel bench and handwashing facilities. The sluice rooms are kept closed when not in use.</p> <p>All laundry for CHT Lansdowne is processed off site by a contracted service provider. All dirty laundry is sorted into appropriate colour coded bags by care staff and left at the collection point for the external contractor to pick up. There are defined clean/dirty areas for the pickup and drop off, with a separate room dedicated to the receipt and sorting of clean laundry including linen. There is a daily receipt of clean laundry which is sorted out and delivered to resident’s rooms in baskets by the care staff. The numerous linen cupboards and trolleys were well stocked with good quality linen. Linen is transported on covered trolleys to the linen cupboards.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. The cleaner interviewed had a good understanding about cleaning processes and requirements related to infection prevention and control. Residents and family/whānau interviewed were satisfied with the standard of cleanliness but had constructive feedback regarding laundry services.</p> <p>The IFCRN has oversight of the facility testing and monitoring programme for the built environment with support from the area manager. The IFCRN confirmed they ensure to provide support to maintain a safe environment during construction, renovation and</p>
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		maintenance activities.
<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>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management and staff. At the time of the audit there were three residents using a bed rail (hospital level including one resident on a YPD contract).</p> <p>A registered nurse is the delegated restraint coordinator. A job description is in place. The care home manager reports monthly to CHT head office on restraint minimisation and restraint reports for all of 2024 were sighted. The restraint committee consists of the restraint coordinator, care home manager, clinical coordinator, physiotherapist and general or nurse practitioner, who review all aspects of use of restraint six-monthly.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint and any decisions must be in consultation with families/whānau. Review of the file of the residents in restraint shows communication with the family/whānau occurred prior to restraint and on an ongoing basis. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for the resident using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney/welfare guardian, care home manager, clinical coordinator, general or nurse practitioner and restraint coordinator.</p> <p>Restraint related training, which includes policies and procedures related to restraint, cultural training and de-escalation strategies, is completed as part of the mandatory training plan and orientation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my</p>	FA	<p>Review of the residents file utilising restraint showed before authorising the use of restraint, a detailed assessment was completed which included consideration of alternative strategies.</p>

<p>care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>Staff stated this includes the use of sensor mats and using a bed that can be positioned close to the floor, landing mattresses and diversional activities. Consultation occurs with the family/whānau, and authorisation needs to be given by the general or nurse practitioner, restraint coordinator care home manager, clinical coordinator and family/whānau/enduring power of attorney. Care plans include the use of restraint and interventions required for monitoring and provision of care. These are reviewed three-monthly as part of the general practitioner review and six-monthly as part of the care plan review. If a resident no longer needs a restraint, the care plan is reviewed at the time.</p> <p>The restraint coordinator determines the frequency and extent of monitoring which is based on risk to the resident. The resident using restraint is monitored four-hourly overnight, as they are considered a low risk. Monitoring includes physical cares such as toileting, change of position and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times restraint is applied and released and the cares given in the electronic system. Review of monitoring records show monitoring requirements are followed.</p> <p>The restraint coordinator provides a monthly restraint report where it is discussed by the restraint committee that meets monthly. A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are shared with other staff as part of the clinical and quality meetings.</p> <p>The policy specifies if emergency restraint is used, there is to be a debrief for staff, family/whānau and the resident. The restraint coordinator and clinical coordinator will conduct the debrief process. Emergency restraint has not been used in the last two years. If emergency restraint is used it requires immediately reporting to the area manager and clinical quality lead.</p> <p>Review of the resident files showed evaluations are comprehensive and meet the requirements of Ngā Paerewa.</p>
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<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Review of restraint use occurs monthly and was sighted for all of 2024 and 2025 year to date. These show the use of restraint has reduced from seven to three. The monthly restraint reports include a review of indications for restraint; any risks or injuries that occurred (none); what strategies have been used as alternatives; any changes; whether the family/whānau and enduring power of attorney is involved; if restraint use has followed the policy and procedures; is the least restrictive; effectiveness of restraint; whether the multidisciplinary team is involved; and support given to the resident and their family/whānau. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at clinical and quality meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff. The internal restraint programme is reviewed by the restraint committee every six months. The outcome of the report is reported to the CHT head office (clinical quality lead).</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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The service has built on their continuous improvement approach on falls prevention strategies to minimise risks and enhance resident safety. The motivation behind this project is to continuously reduce fall-related injuries, improve resident safety and enhance the quality of life whilst ensuring the continuous improvement rating in 2022 is maintained. Innovative strategies were explored creating partnerships beyond aged care providers but continue a multidisciplinary and staff collaboration approach. Residents and family/whānau were invited to be made aware on the programme implementation.</p>	<p>Between 2022 and 2024 CHT Lansdowne worked in partnership with Auckland University of Technology (AUT) Research team. They participated in the Stand Up Right Programme which aimed to improve residents strength and balance.</p> <p>Another programme included an eight week Eccentric Cycling programme which aimed is to increase strength with less fatigue, enhanced muscle growth and power and injury prevention. Appropriate geriatric cycling equipment is provided and a team from AUT supervised the gradual increase of the use of the cycle equipment. The physiotherapist and activities team are implementing key components of these exercise programmes every Wednesday and Friday for 45 minutes.</p> <p>As part of ensuring optimum health, residents` at risk have medication reviews by the general and nurse practitioner that include Vitamin D supplementation,</p>

			<p>regular renal function monitoring to ensure optimum uptake of Vitamin D, inclusion into the REAP (Replenish, Energy and Protein) nutrition support program that aims to introduce additional supplements through food.</p> <p>As a result of the implementation of the programme a measurable reduction in falls-related hospital admissions were recorded. Data was recorded to evidence the improvement in residents wellbeing:</p> <ul style="list-style-type: none"> i). The vitamin D supplementation for residents at risk increased from 52% in 2023 to 100% in 2024; ii). There has been an overall reduction of 113 falls. In 2023 there were 346 events (11.45/1000 bed days), which reduced to 233 events (9.21/1000 bed days). While this accounts for a reduction of 2.24/1000 bed days; Falls events comparison to other cares homes within the organisation with hospital and rest home level of care, set a performance metric out of 9 facilities, Lansdowne was ranked third. In 2023, the facility was ranked eighth. Residents were appropriately assessed to the right level of care and most falls were palliative care residents. iii). In 2023, there were 2 fractures recorded as result of falls incidents whereas in 2024, there was nil; iv). In 2023 the care facility had an overall care satisfaction rate of average of 73% and reached 90% satisfaction rate in 2024. Trust wide average score was 87% (2023) to 88% (2024). Two residents that participated in the exercise programme stated they 'feel fantastic' and 'it is so much fun'. <p>The residents that did not meet the requirements of the programme are currently doing these exercises with their family/whānau more so with the residents on YPD contracts. The programme was used as means to engage with their loved ones and to have physical movement as a form of exercise. Feedback</p>
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			<p>from residents and family/whānau has been positive. The eccentric cycle programme had 12 residents who met the requirements. Towards the end of the programme, there were 3 residents who successfully completed the 8 -week cycle due to multiple reasons. Other residents who did not meet the requirements continue to utilise the machine either with assistance from the activities team and or with support from the physiotherapist.</p> <p>After the 8-week cycle is completed, other residents are encouraged to start the programme based on their suitability and interest, and a meeting is held with the AUT researchers. The goal is to review the requirements to ensure appropriate residents are selected for the programme. Researchers are exploring exercises targeting the strengthening of upper extremities to further enhance resident outcomes. A maintenance programme is in place, overseen by the physiotherapist on a weekly basis, to help residents who have completed the programme maintain their strength. The two exercise programmes are integrated into the ongoing activities schedule and are not treated as one-off projects. The 'stand upright' exercise programme has been embedded with the activities team's regular schedule. Participation is dependent on resident availability and engagement on the day.</p>
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End of the report.