

CHT Healthcare Trust - Peacehaven Resthome & Hospital

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:	Peacehaven Resthome & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 April 2025 End date: 4 April 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:	52

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Peacehaven Rest Home and Hospital is part of the CHT Healthcare Trust (CHT). The service is certified to provide rest home and hospital (medical and geriatric) levels of care for up to 57 residents. There were 52 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 general 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.

The certification audit identified that the service meets the standard.

This certification audit has resulted in continuous improvement rating around falls management, recreational activities and dining experience.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

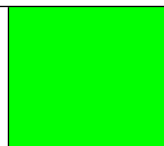
Peacehaven Rest Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service works to provide high-quality and effective services and 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 fully attained.

CHT Healthcare Trust has an overarching strategy map with clear business goals to support organisational values. The 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 fully attained.
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Registered nurses are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits 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.

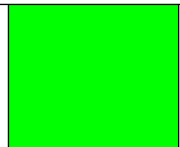
Medication management is on accordance with best practice guidelines. Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications.

Activities are planned and delivered by an experienced activities coordinator. A broad range of group and individual activities are provided including van outings. Cultural diversity is celebrated.

The meal service is contracted out and prepared and cooked onsite. Dietary preferences, allergies, intolerances and specific needs are catered for.

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

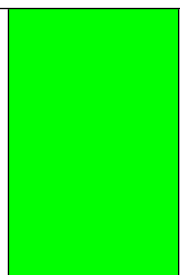
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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

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

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


Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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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. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been outbreaks since the previous audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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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 resident utilising restraints on the day of the audit.

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	3	173	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 no residents who identify as Māori. CHT is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence would be documented in the resident care plan and in everyday 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 Māori advisory services and another sister facility with staff who are part of the organisational Māori working group to foster connections and linkages when required for Māori residents, family/whanau and staff. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. Māori assessments would be completed for residents who identify as Māori.</p> <p>The care home manager confirmed that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at CHT. The Peacehaven Rest Home and Hospital business plan documents a commitment and</p>

		<p>responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identify as Māori.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English with pamphlets available.</p> <p>Interviews with 16 staff (six healthcare assistants, four registered nurses [including one restraint resource nurse and one infection control resource nurse], one activity coordinators, one chef, two cleaners, one maintenance supervisor, and one maintenance technician) and two managers (care home manager 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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were residents identifying as Pasifika at the time of the audit. The residents' family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with five residents (two hospital and three rest home), and four family/whānau (three hospital and one rest home) confirmed that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>Peacehaven Rest Home and Hospital connects with Pacific communities through staff, residents and family/whanau 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. At the time of the audit there were residents who identified as Pasifika.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and</p>

		Disability Code of Rights (the Code) are 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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English, sign language and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care home manager, 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 the resident advocacy is available at the entrance to the care home and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process, as sighted in the information pack given to residents on admission. The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they would 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>	FA	<p>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. The healthcare assistants interviewed described how they support residents to choose what they want to do each day. Residents have control over and choice over activities they participate in. The Peacehaven Rest Home and Hospital annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents</p>

		<p>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 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. A spirituality policy is in place. Spiritual needs are identified, church services are held, and spiritual support is available. 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 Peacehaven Rest Home and Hospital, and this was confirmed during interviews with staff. Te reo Māori is celebrated, as observed on the days of the audit 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Peacehaven Rest Home and Hospital are expected to uphold. CHT organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. CHT</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>as an organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. 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 (last completed October 2024). 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 care home manager, registered nurses and healthcare assistants 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/whanau on admission. Monthly resident and family/whanau 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 open disclosure policy alert staff to their responsibility to notify next of kin of any adverse event that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The twelve accident/incident forms reviewed identified next of kin are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

		<p>Interpreter services are used where indicated, in addition to staff members who speak the residents' languages. At the time of the audit there were residents who could not speak English where cue card, gestures, staff and family/whānau interpreters were used. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand health specialist services.</p> <p>The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The management team were able to describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the care home and felt informed regarding events and changes through 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. Eight 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 eight 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.</p> <p>Discussions with residents and family/whānau confirmed that they are</p>

		<p>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 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 by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There were nine complaints lodged in 2023, 17 in 2024 and six year to date in 2025. The complaints had themes related to care, laundry and food and had been managed appropriately to the satisfaction of the complainants. The service has key performance indicators with action plans related to the themes from complaints.</p> <p>There has been one external complaint received from HDC in April 2024 related to care provision. Following provision of response and required documentation to HDC the complaint was referred to advocacy services. Closure letter from advocacy services was received in July 2024. There was no ongoing monitoring required. The service continues to wait for the final outcome from HDC.</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 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 of Health and Disability Services Consumers' Rights is visible and available in te reo Māori, sign language and English.</p>

		<p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care home manager acknowledged their understanding that for Māori, there is a preference to include whānau participation and 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>
<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>Peacehaven Rest Home and Hospital is part of CHT Healthcare Trust (CHT) a not-for-profit organisation which provides care to residents across 21 care homes situated in the North Island. Peacehaven Rest Home and Hospital provides rest home, and hospital level care for up to 57 beds. All the beds are dual purpose. On the day of the audit, there were 52 residents in total: 44 residents requiring hospital level of care including one on long-term support chronic health contract (LTS-CHC) and eight rest home level of care residents. Excluding the resident on LTS-CHC all the other residents were under the age-related residential care (ARRC) agreement. There service has two double room reserved for couples which were both singly occupied on the days of the audit.</p> <p>The service is managed by an experienced care home manager (registered nurse) who has been in the role since November 2022. They have been with the organisation since 2014 and have held senior clinical positions for Peacehaven Rest Home and Hospital and other CHT care homes before taking on the care home manager position. The care home manager attends local meetings related to aged care, conferences and CHT monthly management and training meetings. They are supported by a clinical coordinator who has been in the role since May 2024 having held previous management positions in aged care. The clinical coordinator was on leave at the time of the audit. The management team is supported by an area manager and the CHT clinical quality lead. The management team reports a stable turnover of staff since their last audit in April 2023.</p>

	<p>CHT has an overarching five-year strategy map (2023-2028) with clear business goals to support organisational values. One of CHT's key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT has a strategic commitment to maintain a high proportion of standard beds, as well as ensure that where premium rate charges are made, they are affordable in the context of the care home. The 2024-2025 business plan being implemented includes a mission statement and operational objectives with site specific goals related to (but not limited to) budgeted occupancy; complaints management; resident satisfaction; customer engagement; maintain quality gardens and staff retention and satisfaction. The care home manager reports on these areas monthly to the area manager.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. They have been on the CHT Board since November 2013 and as Chair since September 2022. The strategic plan reflects collaboration with Māori, which aligns with Ministry of Health - Manatū Hauora 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 in order to have substantive input into organisational operational policies. CHT's Māori Health Plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori health plan is to develop meaningful relationships with kaumātua/kuia/koroua at governance, operational and service level. CHT have a Māori working party to complement this action, which includes respected kaumātua. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health</p>
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		<p>equity, and cultural safety. Tāngata whaikaha has meaningful representation through the monthly resident and family/whānau meetings and six-monthly care plan review meetings.</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 management practices.</p> <p>The CHT clinical quality lead provides oversight of the organisational clinical governance working alongside the area managers to ensure a strong clinical quality culture. The four area managers provide clinical oversight for the care 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 have completed more than eight hours of training related to managing an aged care facility and includes orientation for the clinical coordinator, privacy related training, CHT specific business, New Zealand Aged Care Association (NZACA) Conference, NZACA full day workshop, infection control, cultural training and online training as per CHT annual training programme.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Peacehaven Rest Home and Hospital has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints processes and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, medications) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings and quality health and safety meetings. Internal audits are completed six-monthly by the area manager (completed in May 2024, October 2024 and February 2025). These have been completed comprehensively, and corrective actions have been documented and signed off when achieved. 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.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed to ensure ongoing compliance with standards, contractual requirements and best practice. 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. Cultural safety is embedded in the quality system.</p> <p>Resident, 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 February 2025 year to date rolling responses reviewed reflects overall satisfaction with service delivery showing that care and friendliness scored 100% satisfaction: activities, personal attention, food, housekeeping, likelihood to recommend and maintenance scoring above 80%. Laundry services was the only criteria that scored low with 50% rating. The service has key performance indicators with action plans related laundry services with evidence of actions documented in the meeting minutes.</p> <p>A health and safety system is being implemented led by a health and</p>
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		<p>safety committee of three members (two who were interviewed on the day of the audit). All three members have completed external training for health and safety officers. Hazard identification forms and an up-to-date hazard register (reviewed quarterly) were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Health and safety monthly audits have been completed.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed by the clinical coordinator and care home manager. Results are discussed in the staff and quality, health and safety meetings. Benchmarking occurs against other CHT care homes.</p> <p>Peacehaven Home and Hospital implements a continuous quality improvement approach with service delivery including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for falls reduction, dining room experience (link 3.5.3) and activities (link 3.3.1) and demonstrate continuous improvement with improved outcomes for the residents.</p> <p>Discussions with the care home manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) to Health Quality and Safety Commission (HQSC) have been completed. These include change of clinical manager, registered nurse cover (last completed February 2024), those related to wandering behaviour, pressure injuries grade three and above and fall related fractures. There have been eight outbreaks appropriately documented and reported appropriately since last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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</p>

<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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 the audit. Out of hours on-call 24/7 cover is currently being provided by the care home manager while the clinical coordinator is on leave.</p> <p>The clinical coordinator supported by the area manager will perform the care home manager's role in their absence. Relieving care home manager will be 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 resident meeting minutes.</p> <p>The care home manager and clinical coordinator both work Monday to Friday eight hours a day. The roster reviewed evidenced registered 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. Thirty-six healthcare assistants are employed, 22 of whom have achieved a level 3 NZQA qualification or higher.</p> <p>The Peacehaven Rest Home and Hospital orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency</p>
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		<p>assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for moving and handling. A record of completion is maintained on an electronic register and evidence that staff have completed the required competencies.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Of the ten registered nurses (including care home manager and clinical coordinator), nine are interRAI trained. All registered nurses are encouraged to also attend external training, webinars and zoom training where available. They have access to frailty care guides. 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, and management of complex medical conditions.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. All staff and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Seven staff files reviewed (one clinical coordinator, one registered nurse, one administrator, one activities coordinator, three healthcare assistants) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. Staff who have been employed for over one year have an annual appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals. 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</p>

		<p>orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. 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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protection. There is a documented CHT business continuity plan in case of information systems failure. This was implemented on the day of the audit when the electronic resident management system became unavailable for at least eight hours. 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.</p> <p>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>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment service coordination (NASC) team was sighted in residents' files.</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>There is accurate information about the facility and services available on the CHT website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the care home manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. 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 expressed the entry process was well explained, 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 will be using this information to monitor decline rates for Māori. Staff explained the only reason for decline is not meeting the entry criteria.</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</p>	<p>FA</p>	<p>Eight resident files were reviewed including six hospital level (one on long-term support for chronic health conditions) and two rest home level residents. Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist is contracted for eight hours per week and has input into mobility and falls prevention and running an exercise class once</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>a week. The activities coordinator has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment to care planning to evaluation. Initial assessments, short-term admission care plans, interRAI assessments and long-term care planning are done within the timeframes required by the age-related residential care contract. The resident on long-term support for chronic health conditions funding has interRAI assessments six-monthly and a comprehensive long-term care plan in place that is reviewed at least six monthly.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. At the time of the audit all residents had chosen to be attended by the contracted general practitioner. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides after-hours on-call services 24 hours, seven days per week. The general practitioner expressed staff are competent and communicate any concerns in a clear and timely manner. The general practitioner expressed Peacehaven Rest Home and Hospital is one of the best aged care facilities and they bring general practice registrars and fifth year medical students to experience excellence in aged care. The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. 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. Examples sighted include, but are not limited to, physical activity, mood changes, under nutrition, communication and maintaining continence. Care plans are comprehensive and cover the following areas: activities; cognition, mood and behaviour; communication; nutrition and hydration; mobility and falls prevention; pain management; hygiene; maintenance of skin integrity; cultural and</p>
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	<p>spiritual needs and preferences; toileting; and management of medical conditions. 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, infection or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system and healthcare assistants confirm they easily access them.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Families and whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. When care plans are updated, healthcare assistants are updated on any changes. 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 eight wounds being treated. There were no pressure injuries. A wound register is maintained. and a sample of wound care plans and photographs show wounds are managed according to best practice with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</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</p>
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		<p>each resident's condition. Progress notes are completed each shift by the healthcare assistants and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; 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 confirm 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>	FA	<p>The activities programme is run by an activity's coordinator with 10 years in the role. They are assisted by three other activities coordinators. Activities are provided seven days per week. The activities coordinator develops a monthly plan in collaboration with residents. The activities programme is designed around four domains of wellness: taha wairua (spirituality), taha whānau (belonging and connection), taha tīnana (physical health) and taha hinengaro (mental health). Review of resident files shows activities plans are informed by using information from a lifestyle assessment which includes family connections, cultural preferences, previous employment,</p>

		<p>interests and hobbies, and input from family and whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows the following activities are provided as examples: quizzes, word search, news reading, social events such as birthday parties with family/whānau invited, knitting club, exercises daily and taken by the physiotherapist once a week, walking group and individual walks, visits by a local church, Māori waiata group and kindergarten, visiting entertainers, pet therapy and outings in the van to venues such as Cornwall Park and Mission Bay for afternoon tea or ice cream. The knitting club was observed during the audit and residents stated they are making blankets to donate to the SPCA and poppies for ANZAC Day. Residents participate in baking as part of the activities programme. Photographic evidence was sighted of the range of activities provided. Residents who identify as Māori are supported to participate in Te Ao Māori by singing waiata and maintaining connections with whānau and hapū. During the audit waiata and karakia were heard.</p> <p>For those who don't wish to participate in group activities individual activities such as conversations, hand massage, reminiscing, music and board games are provided. A record of individual activities provided was sighted. Peacehaven Rest Home and Hospital has achieved continuous improvement in engaging residents in the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual</p>

		<p>competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Sixteen medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are two residents who self-administer medications. The residents undergo a three-monthly competency assessment and medications were seen to be stored in locked drawers in their rooms according to the policy. The general practitioner documents on the prescription the resident may 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 potential side effects.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>The food service is contracted out to an external catering company. Food is prepared and cooked onsite by a chef manager and a kitchen assistant during the week and a weekend chef and kitchen assistant on the weekends. The menu is developed by the external catering company in collaboration with CHT dietitians. There are four-week</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>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 six-monthly to obtain feedback on the food service. Satisfaction surveys show residents are overall very happy with 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 pureed food such as yoghurt as needed. Residents interviewed confirmed if they don't like what is on the menu, alternatives are prepared. The kitchen is clean 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 including Chinese, Pacific Island and Indian. Residents participate in baking as part of the activities programme.</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. Some residents called out a thank you to the chef following their meal during the audit. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly feeding residents who needed it. Modified utensils and plates are used where needed. Peacehaven Rest Home and Hospital has achieved continuous improvement in the residents dining experience.</p> <p>The food control plan has been registered and was issued on 17 July 2024. The chef manager uses an electronic system called Safe Food Pro to record that daily checks and cleaning is done, and to record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food</p>
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		containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. All staff in the kitchen have safe food certificates and have completed training in allergens, hand hygiene and temperature control.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a 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 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>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</p>	FA	<p>The building warrant of fitness is current to 26 May 2025. Maintenance is managed by CHT head of properties and implemented by a maintenance person onsite and a local supervisor. There is an annual maintenance plan for planned maintenance including checks and compliance for the building warrant of fitness, testing and tagging of electrical equipment (last completed 1 June 2024), calibration and servicing of clinical equipment and hoists (last completed 6 August 2024), testing of the call bell system, hot water checks and maintenance of the building and grounds. The van has a</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>current warrant of fitness and registration.</p> <p>Staff log maintenance or repair requests on an electronic system. This is automatically alerted to the maintenance person and signed off when repairs have been completed. Essential contractors such as plumbers, boilers, refrigeration service people and electricians are available 24 hours a day as required. Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>A tour of the facility was conducted. The facility is on three levels divided into five areas titled Blockhouse Bay, Wood Bay, Jenkins Bay, Green Bay and French Bay. There are photographs on the wall in each area of the bay the area is named after. Standard rooms have a toilet and handbasin and premium rooms have a full ensuite with shower. There are sufficient communal showers in each area for residents in standard rooms. Each area has a lounge and kitchenette. Most residents dine in the main dining room and those that need assistance dine in the Kinross lounge. Residents can easily access the garden. Garden areas are well appointed and have seating and shade.</p> <p>The environment and setting were observed to be culturally safe for Māori and family/whānau, and Māori residents had their artwork displayed inside their room. Hallways and lounges are carpeted. All bedrooms and communal areas have ample natural light and ventilation. There is central heating in the older part of the building and wall panels which can be individually adjusted in the newer parts of the building. 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 they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors. The visitor's toilet</p>
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		<p>is situated near the reception. The facility is non-smoking.</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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 5 April 2017. A fire evacuation drill is repeated six-monthly with the last one being held on 5 February 2025. 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 and a gas barbeque. There are sufficient food stocks for up to five days if needed.</p> <p>There are adequate supplies in the event of an emergency including 3,500 litres of water in an outside tank. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. 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 observed to have their call bells in close proximity. The building is secure after hours, 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</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. Infection rates are presented and discussed at the staff, registered nurse and quality health and safety meetings. Infection control data is also sent to CHT head office, where it is</p>

<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reported at monthly Board meetings. The data is benchmarked with other CHT care homes. Results of benchmarking are presented back to the care home electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Bug Control and Health New Zealand. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of medical practitioners.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control resource nurse (IFCRN), a registered nurse, leads, oversees and coordinates the implementation of the infection control and antimicrobial stewardship (AMS) programme. IFCRN role, responsibilities and reporting requirements are defined in the job description. The IFCRN has completed external education on infection prevention and control for clinical staff (March 2025 and November 2024) and has access to shared clinical records and diagnostic results of residents. There is good external support from the general practitioner, laboratory, Bug Control, and Health New Zealand infection control nurse specialist.</p> <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 and AMS programme is reviewed annually by Bug Control, and they meet annually with all CHT infection control staff following this review. Infection control audits are conducted. 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 online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Bug Control in consultation with infection control resource nurses. Policies are available to staff.</p> <p>The IFCRN, interviewed, stated that there are consultation and involvement with relevant infection prevention and control personnel on site and at a national level during the design of any new building or when significant changes are proposed to an existing facility. The IFCRN has input to purchasing supplies and equipment.</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 monitor compliance with the processes. 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. There are educational material displayed for staff and residents in te reo.</p> <p>The infection control policy states that Peacehaven Rest Home and Hospital 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 prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<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 practitioner reviews antimicrobial use monthly with the clinical team. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>Infection rates are collated monthly and reported to the quality, health</p>

<p>to the needs, size, and scope of our services.</p>		<p>and safety and staff meetings, as well as CHT head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is 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 as required. The service receives email notifications and alerts from CHT head office and Health New Zealand for any infections of concern in the community.</p> <p>There have been six Covid-19 outbreaks (May, June and November 2023, February, July and November 2024), one norovirus outbreak (March 2024) and one gastrointestinal related outbreak in July 2024. All the outbreaks were well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak. They were well managed and reported appropriately. The IFCRN explained staff are well trained to respond rapidly.</p> <p>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</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</p>

<p>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>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 (last completed in June 2024). A chemical provider monitors the effectiveness of chemicals. Cleaning is done by on-site cleaners who are contracted by an external service provider. There are sluice rooms (with a sanitisers) in each wing for the disposal of soiled water or waste. The sluice rooms are kept closed when not in use.</p> <p>All laundry for Peacehaven Rest Home and Hospital 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 processes for the pickup and drop off, with a separate area 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 trays by the care staff. The numerous linen cupboards and trolleys were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. The cleaners 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>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of</p>	<p>FA</p>	<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 two residents using restraint, one a bed rail and the other a lap belt while sitting in their chair. Both residents are hospital level.</p> <p>A registered nurse is the delegated restraint coordinator. A job</p>

<p>restraint in the context of aiming for elimination.</p>		<p>description is in place. The care home manager reports monthly to CHT head office on restraint minimisation and restraint reports for all of 2024 and 2025 were sighted. The restraint committee consists of the restraint coordinator, care home manager, clinical coordinator, physiotherapist and general 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 files 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 residents 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 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 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>FA</p>	<p>Review of the resident files on restraint showed before authorising the use of restraint a detailed assessment was completed which included consideration of alternative strategies. 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 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</p>

		<p>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 the bedrail at night is monitored four-hourly as they are considered a low risk and the resident using a lap belt is currently two-hourly. Review of the file of the resident using a lap belt shows monitoring timeframes have changed over time, for a period they were monitored hourly as they were considered a high risk. Currently the resident is settled. 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>A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are completed as part of the clinical and quality meetings.</p> <p>The restraint coordinator could describe the process for emergency restraint which includes a requirement for a full assessment to be started within 24 hours and completed within 72 hours. A debrief following emergency restraint is required as per the policy. The restraint coordinator stated there has been no use of emergency restraint.</p> <p>Review of the resident files showed evaluations are comprehensive and meet the requirements of Ngā Paerewa.</p>
<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</p>	<p>FA</p>	<p>Review of restraint use occurs monthly and was sighted for all of 2024 and 2025. The 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/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</p>

data and implementing improvement activities.		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 outcome of restraint review is reported to the CHT head office. An annual report for 2024 for restraint practice was sighted. This included a narrative summary of all aspects of restraint use, staff training, alternative strategies in use along with data on numbers and types of restraint.
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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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>The ultimate goal of CHT’s Falls Prevention and Management Programme is to reduce the number of falls and the injuries associated with it and, consequently, promote and improve quality of life of the residents. However, Peacehaven Rest Home and Hospital had seen this as a challenge from January 2024 – July 2024. Peacehaven Rest Home and Hospital recorded the highest number of falls in February 2024 with 16% increase (total of 35 fall incidents) from previous months and also in comparison to other CHT sites of similar bed capacity they had very high fall rates. A falls and restraint focus group led by specific resource nurses were the driving force to implement strategies to minimise the risk of falls and injuries.</p>	<p>Strategies that have been implemented include (but not limited to) those related to staff routines and resident needs which were strategic posting of staff in their wings (even when writing notes) to monitor residents at risk and call bells, taking turns to monitor residents with sensor mats, specific care staff assigned to be on the floor and monitor the call bell during handover and review of activity team roster to extend finish time to 4pm instated of 3:30 pm in order to assist care staff with close monitoring of high falls risk residents and those unsettled residents due to ‘sun downing’. Prompt assessment and response to changes in health needs of residents and multi-disciplinary team involvement and ongoing communication of plan of care for residents and continuous falls prevention education in the staff handover were also employed.</p> <p>Early detection of any environmental contributing</p>

			<p>factors were considered as part of the strategies. These included creating a calm and pleasant atmosphere in the dining areas to reduce the chaotic and noisy environment that were identified as triggers, separate dining arrangements to meet resident needs and monitoring requirements, changing mealtimes of staff (including activity coordinators) to ensure staff are always available to meet resident needs in the dining areas. Within the resident rooms staff were ensuring placement of all the things that the resident might need within reach such as TV remote, jug of water, favourite snacks/lollies etc.</p> <p>The service also had a recent call bell system upgrade implemented in November 2024. Call bell tones and set up changed according to prioritisation e.g. sensor mat call is different call from normal call which is very vital for the unsettled residents. New call bell monitor was also in placed inside the nurses' station to enable quick response by staff when activated and extra monitoring.</p> <p>With the collaborative review and trialling of different approaches specific to resident needs, systems and processes, Peacehaven Rest Home and Hospital started to see a decline in the number of falls that were occurring over a period of time. Coming from a peak of 35 falls in the month of February 2024, these significantly reduced to 6% in August 2024 (10 falls) and further reduced to 4% in December 2024 with only 7 falls recorded across the facility (the lowest falls recorded in 2024). The rates have remained low into 2025 with February fall incidents being 7.</p> <p>This led to a positive outcome for the residents as those identified as high falls risk were comprehensively assessed, received preventative interventions, personalised support and continuous monitoring. Because of this, it has become part of</p>
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			<p>Peacehaven Rest Home and Hospital routine to identify and take residents with high needs and unsettled residents to Kinross lounge so that they will be closely supervised, and no falls would happen during mealtimes (as was previously the case) while still receiving nourishment and continues to detect any environmental contributing factors of falls.</p> <p>The team at Peacehaven Rest Home and Hospital continues to proactively review and discuss any changes in day-to-day routines, especially when there are significant changes in the medical status of the residents or for new admissions. The proactive approach to falls management has ensured an improvement in the quality of life of residents. Prior to the project there were concerns raised by residents and family/whānau about staff availability, timely response to call bells. Interviews with residents and family/whanau on the days of the audit confirmed that staff were always visible and responsive to call bells.</p> <p>Handover observed on the day of the audit included discussion of residents at risk of falls and strategies to support them. Staff were engaged and actively contributed to discussions.</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Staff had noticed in recent years there has been a challenge in continuity of engaging residents in the activities programme especially during weekends. Staff also found it challenging to engage new residents in the activities programme as some struggled to settle into the facility.</p>	<p>In December 2022 the organisation reviewed the hours of activities staff and allocated one activities coordinator to cover the weekend, one activities coordinator providing activities till 4pm to assist with residents who display "sun downing" behaviour and activities staff to take turns with their meal breaks so there is an activities coordinator in the Kinross lounge during mealtimes to assist residents and provide individual encouragement, reminiscing and engagement. There are planned activities and an activities coordinator on the weekend. Residents and family/whānau expressed satisfaction with activities</p>

			<p>and stated residents have more to do in the weekends rather than sitting around being bored. Also, in December 2022 a welcoming process was implemented for new residents that involves placing a personalised welcome poster in their room and a copy of the activities schedule prior to arrival. Once the new resident has arrived, over the first few days, activities staff engage the resident in conversations and start to fill out the lifestyle questionnaire in collaboration with the resident and family/whānau. When the resident is ready to participate in the activities programme they are introduced to the other residents and residents and staff sing a welcome song which can be sung in English, Te Reo, Filipino, Hindi, Chinese and other languages depending on the cultural background of the new resident. Staff then present the new resident with a welcome gift. Residents and family/whānau expressed they felt welcomed and made to feel special and part of the community. The target satisfaction for activities for CHT facilities is 80%. Satisfaction surveys are completed monthly and overall have a 100% satisfaction rating, with some months rating lower due a low response rate. Peacehaven Rest Home and Hospital has achieved between 87% and 92% satisfaction overall between 2022 and 2024.</p>
<p>Criterion 3.5.3 Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>The food service was observed in the main dining room and a separate lounge, and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs such as pureed food. Staff were seen to be discreetly feeding residents who needed it. Modified utensils and plates are used where needed.</p>	<p>It was identified that residents with limited mobility due to their medical conditions were not participating in communal dining but eating their meals in their rooms. This meant there was less staff to monitor residents in the dining room, as staff were assisting residents in individual rooms and those residents were not engaging in socialisation. In the main dining room, some residents found it overwhelming in terms of noise and disruption by some residents who are unsettled. Consequently, some residents were</p>

			<p>spending less time in the dining room and losing weight. The aim of the dining experience initiative was to improve the dining experience for all residents. In April 2024, a reconfiguration of the dining rooms was implemented that included seating the residents who need assistance with dining and unsettled residents in the Kinross lounge where healthcare assistants and activities staff can monitor and assist residents and seating the more independent residents in the main dining room. Soothing music is played during mealtimes, routines of staff have been reviewed to provide increased supervision and assistance over mealtimes. Monthly satisfaction surveys for 2024 evidenced no responses in for the month of May (after the implementation of the initiative) then from June increased to 75% and the ratings have consistently been 100% from August 2024 to March 2025 .</p> <p>Outcomes have been measured monthly, and results were sighted for four residents. Three of four residents had gained weight since April 2024, from 3.5kg to 5.6kg. One resident used to dine in their room and needed assistance and would display challenging behaviour. Since the project was implemented, the resident dines in the Kinross lounge and is now eating independently. Another resident who was unsettled in the main dining room due to noise, now dines in the Kinross lounge and is noted to be more settled. Overall, data collated evidenced residents are overall maintaining weight or gaining weight due to the changes to the dining experiences. Residents and relative meetings evidence that the dining experience is less overwhelming and the atmosphere in the main dining rooms is more settled. The main dining room is more inviting and overall, more residents are choosing to dine in the main dining room rather than eat in their rooms. Relatives of residents dining in the Kinross</p>
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			dining room are enjoying visiting during mealtimes and report the atmosphere is more relaxed and they can enjoy time with their resident, this was also evidenced in relative feedback resident meeting minutes. Staff are now enhancing the dining experience by adding small touches such as table decorations and name places.
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End of the report.