

# CHT Healthcare Trust - St Margaret's Hospital and Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	St Margaret's Hospital and Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 15 May 2025    End date: 16 May 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	83

# Executive summary of the audit

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## 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

CHT Healthcare Trust (CHT) St Margarets is certified to provide rest home and hospital (medical and geriatric) level of care, residential disability services – physical and dementia care for up to 87 residents. There were 83 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 and Ministry of Social Development. 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 village manager is appropriately qualified and experienced in healthcare management. The village manager is supported by a clinical manager who also has extensive experience and is a registered nurse.

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 were two findings related to staffing and medication management identified at the previous audit has been addressed.

This surveillance audit identified a shortfall in relation to corrective actions.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

CHT St Margaret's 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 aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. CHT St Margaret's provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. 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.

Some subsections applicable to this service partially attained and of low risk.

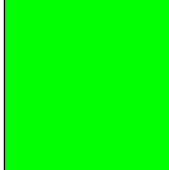
The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is

analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Staff incidents, hazards and risk information is collated at facility level, reported to the head of health and safety and general manager clinical and risk and a consolidated report and analysis of all CHT facilities are then provided to the Board each month.

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. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

## 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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

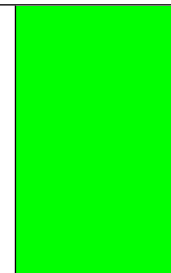


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## **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.

The infection prevention and control programme has been approved and is reviewed annually. Infection control training occurs at orientation and as part of the ongoing training plan.

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 collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. Staff are informed about infection control practices through meetings, and education sessions. Outbreak response plans are in place and the service has access to personal protective equipment supplies. There has been no outbreak since the previous audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The facility had no residents using restraints at the time of audit. A focus on a restraint free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which CHT St Margaret's utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</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>	FA	<p>Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging Pacific cultural norms and values, respectful relationships, valuing families, and providing high quality healthcare.</p>

<p>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 and te reo Māori. The care home manager and clinical coordinator (interviewed) demonstrated how it is also included in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Interviews with six family/whānau (three hospital and three dementia), and four residents (two hospital level, two rest home level) and one resident on a younger person with physical disabilities (YPD) contract confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The CHT organisational policies provide guidance in the prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at CHT St Margaret` are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff sign a Code of Conduct at the start of employment.</p> <p>Fifteen staff (seven caregivers across the units, three registered nurses [RN], cook, kitchen assistant, one laundry assistant, one cleaner and the maintenance person) and management (care home manager, one clinical coordinator, one area manager) demonstrated an understanding of their role in relation to protecting the residents from harm.</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</p>	FA	<p>There are policies to guide the informed consent process according to the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and</p>

<p>manage their own health, keep well, and live well.  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>activation is on file.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been six complaints made in 2024 and four in 2025 year to date. 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). All complains are closed off and complainants were kept informed of the complaints process. No trends were identified.</p> <p>The two previous HDC complaints outstanding from the previous audit have been closed off. The HDC complaint made in November 2022 has been investigated and closed off with no further action required. One of the complaints that was received from HDC in September 2023; is closed off; however, the resolution letter required handover procedures, a review of the management of behaviour and a review of the post falls guide needed to be forwarded by 9 April 2025, this was completed as requested.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly and they were kept informed. 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 confirms the complaints process is working equitably for</p>

		Māori.
<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>	FA	<p>St Margaret's is part of the CHT group of facilities. The building is a purpose-built single level facility providing hospital (geriatric and medical), rest home, dementia, and younger persons with a disability care (physical) for up to 87 residents.</p> <p>On the day of audit there were 83 residents in total across seven dual-purpose units and one 20 bed dementia unit. There were 59 hospital residents in the dual-purpose units, including two residents on YPD contracts (one of whom was on respite care), three residents on an ACC contract, two residents on a long-term support -chronic health conditions (LTS-CHC) contract and two residents on interim care scheme (ICS) contracts. There were six rest home level residents, including one on a LTS-CHC contract and 18 residents in the 20-bed secure dementia unit. All other residents were under the age-related residential care services agreement. There is one room suitable for a couple in Esplanade wing, this was occupied by only one person.</p> <p>CHT has an overarching five-year strategy map (ending March 2029) with clear business goals to support organisational values. CHT's key business goals include to 'provide a truly resident focused experience, to provide equal access to aged care services, to maximise CHT's relevance in aged care, and to create an environment where our residents love to live, our community love to visit and our staff love to work'. Key performance indicators and action plans are set both at organisational and care home level to support these goals.</p> <p>The 2024-2025 business plan being implemented at CHT St Margaret`s. The care home manager reports on progress in these areas monthly to the area manager. There is a monthly senior management group meeting that report on the organisational progress on goals.</p> <p>The governance body of CHT Healthcare Trust consists of a group of trustees, including those with clinical expertise. Each of the trustees contributes their own areas of expertise and ensure compliance with legislative, contractual, and regulatory requirements. The strategic plan reflects collaboration with Māori, which aligns with Ministry of Health strategies and addresses barriers to equitable service delivery for Māori.</p>

	<p>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.</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. There are two Board sub-committees that are involved in the quality and risk management system: the quality, health &amp; safety committee (QHSC), and the audit and risk committee who meets quarterly. The QHSC reports to the Board and monitors CHT's compliance with its policies and procedures on quality, health and safety, and relevant legislation and contractual requirements, as a part of its responsibilities. The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in 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. There are fortnightly meetings between the area managers and care home managers to discuss any issues.</p> <p>The care home manager is a RN who has been in the role since June 2023, they previously worked in the clinical coordinator role and has been at CHT since 2016. The clinical coordinator is a RN who has been in the role since August 2023, previously working as an RN since 2019. They are supported by an experienced area manager, CHT clinical quality lead and care team.</p> <p>The care home manager and clinical coordinator have both completed more than eight hours of training related to managing an aged care facility which includes bimonthly CHT specific business meetings and education/training, New Zealand Aged Care Association (NZACA)</p>
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		Conference, NZACA full day workshops, infection control, and cultural training.
<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>	PA Low	<p>CHT St Margaret's has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, medication errors) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. These have been completed comprehensively, and corrective actions have been documented; however, not always delegated to a responsible person to follow up and signed off when completed.</p> <p>The monthly staff meetings and quarterly quality, health and safety meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident and family/whānau satisfaction surveys are completed monthly, with a selection of residents and family/whānau invited to participate each month (on the yearly anniversary of their admission) with the aim of covering all residents and family/whānau in a calendar year. Although activities were not reviewed as part of this audit, there was evidence of quality improvement activities and the review of the quality documentation evidenced that the activities programme that received a continuous improvement rating at previous audit is continued to be reviewed for its success.</p> <p>The 2024 year to date rolling responses reviewed reflects overall satisfaction with care, friendliness, activities, and likelihood to recommend. There were no areas of dissatisfaction identified. The outcome of the surveys and actions taken were discussed with the residents and family/whānau in resident meetings.</p> <p>A health and safety system is being implemented, led by a health and safety committee of four, comprising representatives from the RN team, healthcare assistant (HCA) team, the clinical coordinator and the care</p>

		<p>home manager with the maintenance person co-opted as required. All committee members have completed the required external training for health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training is provided at orientation and continues annually.</p> <p>Seventeen accident/incident forms were reviewed which indicated that these are appropriately managed, family/whānau informed and opportunities to minimise future incidents developed. Electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the staff and quality, health and safety meetings.</p> <p>Discussions with the care home manager and clinical coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and SAC notifications were completed appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The roster provides appropriate coverage for the effective delivery of care and support. The registered nurses, the activities coordinators and a selection of healthcare assistants (HCAs) hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, registered nurses, casual, or bureau staff. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The clinical coordinator supported by the area manager will perform the care home manager's role in their absence. Relieving care home managers are used for longer periods to perform the care home manager's role. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and staff and resident/family meeting minutes. The roster reviewed evidenced registered nurse cover 24/7. There are at least three RNs on, on morning and afternoon shift. Nightshift is covered by a RN and supported by five healthcare assistants. There are three ENs that support the roster. There are no RN vacancies and the previous criterion related to #2.3.1 has been</p>

	<p>addressed.</p> <p>The care home manager and clinical coordinator are both available from Monday to Friday. 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. 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. Staff completed training to support young peoples with disabilities and topics include the support of the principles of Enabling Good Lives (community engagement, choice, independence and support). Various topics related to dementia care is included in the education schedule.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-five HCAs are employed, eight of whom are on casual employment have achieved a level 3 NZQA qualification or higher. Fifty of the HCAs have achieved level three or four NZQA qualifications. The other five HCAs are supported to transition through the qualifications on offered. The rosters reviewed evidence there are 17 HCAs that routinely are rostered to work in the dementia unit. Sixteen have achieved the required dementia standards and one new employee (level four) is enrolled to complete the required training within the specified timeframe.</p> <p>The CHT St Margaret's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for moving and handling, fire safety and infection prevention and control. A record of completion is maintained on an electronic register.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. In addition to the clinical coordinator and care home manager, a further seven registered nurses and two enrolled nurses are interRAI trained. All registered nurses are</p>
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		encouraged to also attend external training, webinars and zoom training where available. All staff, including registered nurses, attend relevant staff and registered nurse meetings when possible. All registered nurses are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, accident and incident reporting, wound care, code of rights and introduction to dementia.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Five staff files reviewed (one RN, three caregivers, activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. All new employees completes a comprehensive orientation that covers the key components of their role.</p> <p>A register of practicing certificates is maintained for all health professionals. All staff who have been employed for over one year have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident files were reviewed: four hospital (one resident on a YPD contract, one resident on an interim care (IC) contract, and one resident on an ACC contract), one rest home, and one dementia. The registered nurses (RN), and enrolled nurses (EN) are responsible for all resident assessments, care planning and evaluation. Care plans are based on data collected during the initial nursing assessments. All residents apart from the residents on the YPD, IC, and ACC contracts had an interRAI assessment completed. The residents on contracts had a full suite of assessments completed in the electronic resident management system, which incorporates, skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans were completed for</p>

	<p>residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessments. All LTCP and InterRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to guide care staff in care delivery. The residents in the dementia unit have prevention-based strategies for minimise episodes of challenging behaviours, and a description of how the behaviour of the resident is best managed over 24 hours. The activity assessments include a cultural assessment, which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, it is reported to the RN or EN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed that assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records provide evidence that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are two GP visits per week and as required. Medical documentation and records reviewed were current. The contracted GP is also available on-call after hours for the facility. A</p>
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		<p>physiotherapist visits the facility weekly and on request to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly, and a dietitian, speech-language therapist, hospice, dietitian, wound care nurse specialist, and medical specialist are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were twelve active wounds: a mixture of minor skin tears, and chronic wounds.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication-competent HCAs interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The</p>

		<p>medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over the counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, the service has comprehensive procedures for assessing competence, and safe storage was available as required. Staff interviewed could accurately describe the procedure of assessment should a resident wish to self-administer, and the procedures in place to ensure that this occurs in a safe manner. The partial attainment identified at the previous audit related to criterion #3.4.6 has been satisfied. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the four-week seasonal menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The area manager of the food service interviewed reported they accommodate residents' requests.</p> <p>There is a verified food control plan expiring 31 May 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at CHT St Margarets and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. There is a current building warrant of fitness which expires 16 September 2025. An annual maintenance plan includes electrical testing and tagging, equipment checks, call bell checks, medical equipment calibration, and monthly testing of hot water temperatures.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan. Policies are available to staff.</p> <p>The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed</p>

<p>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>infection control related education in the last 12 months. Staff demonstrated knowledge on the requirements of standard precautions</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The IFCRN RN uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic resident management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, health and safety and staff meetings and sent to CHT head office.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Health New Zealand for any community concerns.</p> <p>There have been no outbreaks since the last audit; however, there are appropriate reporting guidelines. The HCAs confirmed they are well trained to respond rapidly to any outbreaks. There are supplies of personal protective equipment available for staff, residents and visitors.</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>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families/ whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>elimination. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, there were no residents using restraint.</p> <p>Restraint elimination is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>CHT St Margaret's has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, medication errors) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. These have been completed comprehensively, and corrective actions have been documented; however, not always delegated to a responsible person and signed off when achieved.</p>	<p>Corrective actions identified from meetings were not consistently delegated to a person responsible, followed up and or dated when completed.</p>	<p>Ensure corrective actions identified are delegated to a responsible person to follow up and signed off when completed.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.