

# CHT Healthcare Trust - Onewa Hospital and Rest Home

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## 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:

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| <b>Legal entity:</b>  | CHT Healthcare Trust   |
| <b>Premises audited:</b>  | Onewa Hospital and Rest Home   |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 24 June 2025    End date: 25 June 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> | 63   |

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

## General overview of the audit

CHT Healthcare Trust (CHT) Onewa Hospital and Rest Home is certified to provide rest home, and hospital (medical and geriatric) levels of care for up to 67 residents. There were 63 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 (RN) is appropriately qualified and experienced and is supported by a clinical coordinator and area manager. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service meets the Standard.

## 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.

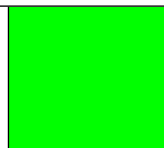


Subsections applicable to this service fully attained.

CHT Onewa Hospital and Rest Home 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.

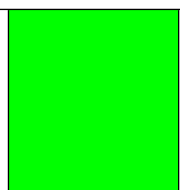


Subsections applicable to this service fully attained.

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. CHT Onewa Hospital and Rest Home has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. 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 ora | Pathways to wellbeing

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| 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. |
|---|---|--|

Registered nurses are responsible for assessment, care planning and evaluations. These processes are completed within the required timeframes. There is a contracted general practitioner who visits weekly, and the practice is available on call after hours. Residents can choose to have their own general practitioner. Care plans are comprehensive and developed in collaboration with residents and their family/whānau.

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

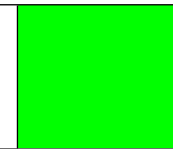
Activities are planned and delivered by a team of activities coordinators, two of whom are registered diversional therapists. A broad range of group and individual activities are provided, including van outings. Cultural diversity is celebrated.

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

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.



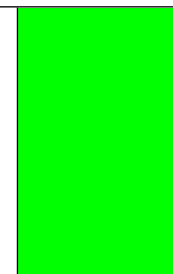
Subsections applicable to this service fully attained.

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 always readily available to residents.

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

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




Subsections applicable to this service fully attained.

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been no 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 facility. 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

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| 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 care home manager. There is no use of restraint.

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence   |
|--|-------------------|--|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p>         | <p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. CHT is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Links are established with local kaumātua. Māori assessments are 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 CHT Onewa Hospital and Rest Home business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identify as Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Thirteen staff interviewed (four healthcare assistants (HCAs), two registered nurses (RN), one head chef, one area kitchen supervisor, one cleaner, two activities coordinators, one administrator, and one head of properties) described how care is based on the resident's</p> |

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|   |           | <p>individual values and beliefs. The service has links with the local Māori community and health service providers. The care home manager, clinical coordinator and the area manager were also interviewed and confirmed links with external Māori providers.</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>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit. The care home manager confirmed that the residents' whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with four residents (two rest home, two hospital), and six family/whānau (five hospital, one hospital) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Onewa Hospital and Rest Home actively consults with current Pacific employees 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 and includes (but not limited to) Pacific churches, and elders to provide services for Pacific people and staff.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pacific languages. There are staff currently employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>  | <p>FA</p> | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English 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</p>   |

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| <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).<br/>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>   |           | <p>coordinator or RNs discuss aspects of the Code with residents and their family/whānau on admission. Families/whānau are invited to attend. 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 facility 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 and noted with one active complaint. The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau. The service recognises Māori mana motuhake, which is reflected in the Māori health care plan and specific resident focussed goals.</p> |
| <p>Subsection 1.4: I am treated with respect<br/>The People: I can be who I am when I am treated with dignity and respect.<br/>Te Tiriti: Service providers commit to Māori mana motuhake.<br/>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>The HCAs interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The CHT Onewa Hospital and Rest Home annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction surveys completed in 2024 and 2025 confirmed that residents and families/whānau felt they are treated with respect. This was also confirmed during interviews with residents and families/whānau. Results are regularly shared at residents' meeting.</p>  |

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|  |           | <p>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. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Residents are encouraged and supported to participate in te ao Māori through the activities plan. Staff were observed to use person-centred and respectful language with residents.</p> <p>The management team confirmed that cultural diversity is embedded at CHT Onewa Hospital and Rest Home, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity and tikanga Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.<br/>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br/>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>The abuse and neglect policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at CHT Onewa Hospital and Rest Home are expected to uphold. CHT organisational policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. CHT 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. CHT Māori Health</p>  |

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|  |           | <p>Strategy includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan, on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical coordinator, RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There are short, and long-term objectives in the CHT Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</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 relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/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 accident/incident forms reviewed identified relatives are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated, in addition to staff members who speak the residents' languages. At the time of the audit all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the</p> |

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|  |    | <p>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 facility 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> | FA | <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 relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship, and activation letters were on resident files where required.</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</p>   | FA | <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</p>  |

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| <p>their care and support.<br/>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>accordance with guidelines set by the Health and Disability Commissioner (HDC). Nine complaints have been lodged in 2023, five in 2024, and six in 2025 year to date. All internal complaints were of a minor nature, and no trends were identified. There has been one external complaint received via HDC (December 2024), to which the service has fully responded and are awaiting further information from HDC.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the care home manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. Staff are informed of complaints (and any subsequent corrective actions) in the quality/staff and RNs 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>Onewa Hospital and Rest Home is part of the CHT group of facilities, providing hospital – geriatric/medical, and rest home care for up to 67 residents. All beds are certified for dual purpose use. All rooms apart from one double room are designed for single occupancy. The double room was singly occupied at the time of audit. On the day of audit there were 63 residents in total. There were 22 rest home, and 41 hospital level residents. These included five hospital residents on a long-term support- chronic health contract (LTS-CHC); one hospital resident on an interim care support contract; one rest home and one hospital resident on a younger person with disability contract (YPD); and one hospital level resident funded by the Accident Compensation Corporation (ACC). All other residents were under the age-related residential care services agreement.</p>   |

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|  |  | <p>CHT has an overarching strategy map with clear business goals to support organisational values. One of CHT's key business goals is to provide equal access to aged care services. They aim to achieve this by providing affordable care and by enhancing physical and mental wellbeing of their residents. CHT premium rates and room sizes are in line with those principles, supporting their goal. The business plan includes a mission statement and operational objectives with site specific goals related to budgeted occupancy, complaints management, resident satisfaction, availability of standard rooms, customer engagement, and staff satisfaction. The care home manager reports on these areas monthly to the area manager. CHT is a charitable/ not for profit organisation.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and chairs other organisational Boards. The area manager confirmed the strategic plan, its reflection of collaboration with Māori, which aligns with Manatū Hauora Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>There are two Board sub-committees that are involved in the quality and risk management system: the Quality, Health &amp; Safety Committee (QHSC), and the Audit and Risk Committee.</p> <p>The Quality, Health &amp; 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 unit review meetings, as well as being discussed in the monthly staff/quality meetings.</p> <p>The Audit and Risk Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>The area managers provide the clinical oversight for the care</p> |
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|  |           | <p>facilities and provide a detailed analysis of clinical data to the Board, prior to every Board meeting. Discussions are held at the Board meeting around the issues raised and any corrective actions taken. The clinical data is compared both internally, as well as externally against the national clinical benchmarking data and is reported on quarterly.</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 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 has established a Māori working party to complement this action, including respected kaumātua. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The care home manager has completed more than eight hours of training related to managing an aged care facility and include interRAI, privacy related training, CHT specific business, infection control, cultural, and restraint training.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p> | <p>FA</p> | <p>CHT Onewa Hospital and Rest Home 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, episodes of behaviours that challenge) is collected, analysed at facility level, and benchmarked within the organisation. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. Corrective actions are documented to address service improvements, with evidence of progress and sign</p>  |

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| <p>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>off when achieved.</p> <p>Combined staff/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident/family satisfaction surveys are completed monthly, with a selection invited each month (on the yearly anniversary of their admission), with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2024 and 2025 reflect high levels of resident/family satisfaction.</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 and reflect updates to the Ngā Paerewa Standard (NZS 8134:2021). 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. A health and safety system is being implemented, with the service having a trained health and safety officer (the care home manager), assisted by trained health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Accident/incident forms reviewed indicated that the 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/quality meetings.</p> <p>Discussions with the care home manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. A Section 31 notification related to a change in management had been submitted. Severity assessment code (SAC) reports have been submitted to the Health Quality and Safety Commission as required. There have been no outbreaks since the previous audit.</p> |
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| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The RNs, the activities coordinator and a selection of HCAs hold current first aid certificates. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available HCAs, RNs, casual staff, or bureau staff. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The area manager will perform the care home manager's role in her absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The care home manager and clinical coordinator are both available from Monday to Friday. The full RN compliment roster is documented.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (Dayforce 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 HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-five HCAs are employed, thirty of whom have achieved a level 3 NZQA qualification or higher. The CHT Onewa Hospital and Rest Home orientation programme ensure 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 restraint; handwashing; correct use of PPE; cultural safety; and moving and handling. A record of completion is maintained on an electronic</p> |
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|  |           | <p>register.</p> <p>Additional RN specific competencies include syringe driver and interRAI assessment competency. Six of twelve RNs (including the clinical coordinator) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible. All RNs are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, and management of diabetes, dementia, and delirium.</p> <p>Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted). Staff wellness is encouraged through participation in health and wellbeing activities. Details of the Employee Assistance Programme (EAP) are available to staff for support, both with work and home life issues.</p>   |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Eight staff files reviewed (two RNs, four HCAs, one administrator, and one activities coordinators) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year, have 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 orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information</p> |

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|   |    | 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>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented CHT business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The care home manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>          | FA | <p>There is a policy 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) was sighted in residents' files. There is accurate information about the facility and services available on the CHT website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p>   |

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| <p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>   |           | <p>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 always treated with respect and dignity. 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 clinical coordinator stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Eight resident files were reviewed, including four hospital level (one on a LTS-CHC contract and one on interim care funding), and four rest home level residents (including one resident on a YPD contract). 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 staff training in moving and handling. 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, and to evaluation.</p>  |

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|  | <p>Initial assessments, short-term admission care plans, interRAI assessments and long-term care planning is completed within the timeframes required by the age-related residential care contract.</p> <p>The resident on LTS-CHC funding has interRAI assessments six-monthly and a comprehensive long-term care plan in place that is reviewed at least six-monthly. The resident on interim care funding has a comprehensive admission assessment and a care plan that is based on assessment findings and the preferences of the resident. The resident on the YPD contract has a six-monthly comprehensive assessment and long-term care plan in place that is based on their needs and reflects the particular needs of a younger resident. This is reviewed at least six-monthly in collaboration with the resident and their family/whānau.</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 monthly or 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 stated that staff are competent and communicate any concerns in a clear and timely manner. 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>The review of resident files showed that assessments are comprehensive and utilise the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is then 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;</p> |
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|  | <p>mobility and falls prevention; pain management; hygiene; maintenance of skin integrity; cultural and 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 HCAs 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 the resident changes. 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, HCAs 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 27 wounds being treated, including surgical wounds, skin lesions, chronic ulcers, skin tears, and one stage IV and one unstageable pressure injury. 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> |
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|   |           | <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. A handover was observed during the audit. Interviewed staff stated they are updated daily regarding each resident's condition. Progress notes are completed each shift by the HCAs 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.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> | <p>FA</p> | <p>The activities programme is run by a lead activities coordinator and another activities coordinator working full time, who are both registered diversional therapists. They are supported by a part-time activities coordinator who works in the weekends, and a casual activities coordinator. Activities are provided seven days per week.</p>   |

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| <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> |  | <p>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). The review of resident files shows activities plans are informed by using information from a lifestyle assessment, which includes family connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows the following activities are provided as examples: quizzes; word search; news reading; social events such as birthday parties with family/whānau invited; daily exercises; walking group and individual walks; visits by a local church; a Māori speaker; Samoan music group; visiting school groups (observed during the audit); visiting entertainers; and pet therapy. There are outings in the van to venues such as the airplane museum; navy museum; local cafes for morning tea; the RSA for lunch; and drives to see things that interest residents, such as a marina as example. Residents participate in food preparation as part of the activities programme, such as making Samoan coconut rice recently. 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, Māori arts and crafts, and maintaining connections with whānau and hapū. Māori entertainers and speakers attend during celebrations such as Matariki and kapa haka groups visit. One resident who identifies as Māori stated they enjoy making korowai and doing arts and crafts. There is a men's club for male residents.</p> <p>For those who don't wish to participate in group activities, there are individual activities such as conversations, hand massage, reminiscing, music, and board games are provided. A record of individual activities provided was sighted.</p> <p>Residents maintain links with the community. One resident belongs to the Airforce committee, others attend churches, some residents visit a local school on grandparents' day and the local library visits</p> |
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|   |           | <p>fortnightly. The Catholic priest visits to offer communion. The young disabled residents have activities tailored to their particular interests, such as music and board games. One young disabled resident has outings with a support worker and with their family/whānau.</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>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 prescribing of medication, dispensing, administration, review, and reconciliation of medications. 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 HCAs, who are required to pass an annual 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. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Medications that have a short shelf life, such as eye drops, are labelled with the date of opening and discarded before expiry. 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</p> |

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|  |           | <p>consulted about medication changes.</p> <p>There are no residents currently who self-administer their medications, but there is a process for assessing the competency for residents who wish to self-administer their medications, and a policy for the safe storage of 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>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food service is contracted out to an external provider and prepared and cooked on site 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 provider, in collaboration with CHT dietitians. There are four-week seasonal menus that include two options, plus a vegetarian option for main meals. The service uses the replenish, energy and protein (REAP) programme. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the chef manager, who maintains a folder of dietary profiles and a whiteboard on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings are held 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 food preparation as part of the</p> |

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|   |           | <p>activities programme.</p> <p>Meals are plated in the kitchen and served directly in the adjacent dining room, or transported to each wing in a hotbox. The temperature of all hot meals is recorded. The food service was observed in the dining room and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs, such as pureed food. Staff were seen to be discreetly assisting residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is current to 30 April 2026. The chef manager uses an electronic system called Safe Food Pro to record that daily checks and cleaning is done, and to record the temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised, and food containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. Training for staff in the kitchen is managed by Compass and the area manager confirmed all staff have safe food certificates and have completed training in allergens, hand hygiene and temperature control.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the general 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</p>  |

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|  |           | <p>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 throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The building warrant of fitness is current to 21 February 2026. Maintenance is managed by CHT head of properties and implemented by a maintenance person covering two CHT facilities. 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 on 28 May 2025); calibration and servicing of clinical equipment and hoists (last completed on 22 January 2025); testing of the call bell system; hot water checks; and maintenance of the building and grounds. CHT Onewa uses a transport company to transport residents on outings in a mobility van.</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 and two adjoining buildings. Each wing has 10 to 13 rooms all singly occupied, although one room is certified as a shared room for a married couple. Standard rooms have a handbasin, some rooms have a full ensuite between two rooms, and premium rooms have a full ensuite with shower. There are sufficient communal showers and toilets in each area for residents in standard rooms. Each area has a lounge and kitchenette. Residents can easily access the garden. There is a well-appointed courtyard with seating and shade, where events are celebrated, such as a summer festival and barbeques.</p> <p>The environment and setting were observed to be culturally safe for</p> |

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|   |    | <p>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. Corridors have safety rails to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is a lift that can accommodate an ambulance gurney if 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 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 Fire and Emergency New Zealand, dated 29 June 2001. A fire evacuation drill is repeated six-monthly, with the last one being held on 29 May 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>  |

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|   |           | <p>There are adequate supplies in the event of an emergency, including 420 litres of bottled water and 1000 litres in an outside tank, that is refilled three-monthly from town supply. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available. All call bells are checked monthly. Call bells are in each bedroom, ensuite and communal toilets and showers. Attenuating panels in hallways and a monitor in the nurses' station alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. The building is secure after hours, and staff complete security checks at night.</p>  |
| <p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. CHT utilise the Infection Service (previously known as Bug Control) infection control and AMS programme which is current. The CHT infection control team review the infection control programme annually. Infection control audits are conducted. Infection rates are presented and discussed at quality and staff meetings. Infection control data is also sent to head office where it is reported at monthly Board meetings. The data is also benchmarked with other CHT facilities. Results of benchmarking are presented back to the facility 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 the Infection Service 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 facility. Residents and staff are offered vaccinations as required.</p> |

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| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>A registered nurse oversees infection control and the AMS programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning and the management of outbreaks. There is ample personal protective equipment, with extra stocks available as required. There is a process to ensure stock gets rotated and checked for expiry dates.</p> <p>The infection control resource nurse (IFCRN) has completed infection control education. There is good external support from the GP, laboratory, the Infection service, and Health New Zealand infection control nurse specialist. The IFCRN has input to purchasing supplies, equipment, and other related clinical policies that may impact on HAI risk.</p> <p>The online infection control manual 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 the infection service, in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. The service incorporates te reo Māori information around infection control for Māori residents, Māori protocols are adhered to, and staff can describe these practices, acknowledging the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility 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. There has been additional infection control training and Covid-19 management. Staff have completed handwashing and personal</p> |

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|  |    | protective equipment competencies. 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>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>  | FA | <p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes through a monthly multidisciplinary meeting. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are collated monthly and reported to the quality and infection control 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> | FA | <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 risk 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 and staff meetings and sent to CHT head office. 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 previous audit; however, the facility has a pandemic plan and Covid-19 Response Framework. The IFCRN explained staff are well trained to respond rapidly.</p> |

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|  |    | Families/whānau would be kept informed by phone or email in case of an outbreak, and visiting would be able to continue under restricted conditions.   |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | FA | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a secure cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Cleaning is done by on-site cleaners, who are contracted by an external service. There are sluice rooms with a sanitiser for the disposal of soiled water or waste. The sluice rooms are kept closed when not in use.</p> <p>All laundry for CHT Onewa Hospital and Rest Home is processed off site by a contracted service. Laundry is transported in colour coded bags with specific facility name tag on it, by a dedicated laundry delivery service. There are defined clean/dirty areas for the pickup and drop off. There are clear processes to guide staff in the transportation and distribution of the linen.</p> <p>Cleanliness of the environment, including cleaning and laundry services, are monitored by the infection control coordinator, and area manager through the internal auditing system. Residents and family/whānau interviewed were satisfied with the standard of cleanliness and 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</p>  | FA | 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  |

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| <p>restrictions.<br/> Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br/> As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> |  | <p>Board, management, and staff. CHT Onewa has not used restraint since February 2021.</p> <p>The clinical coordinator is the delegated restraint coordinator. A job description is in place. The care home manager reports monthly to CHT head office on restraint minimisation and restraint reports for all of 2024 and 2025, were sighted. Restraint minimisation is discussed in staff meetings.</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. Should restraint be considered in future, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint folder contains 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, restraint coordinator, and general practitioner.</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>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> |
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## Specific results for criterion where corrective actions are required

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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.

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## 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.

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End of the report.