

# CHT Healthcare Trust - Amberlea 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:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Amberlea Hospital and Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 17 July 2025    End date: 18 July 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

Amberlea Hospital and Rest Home (CHT Amberlea) is operated by CHT Healthcare Trust (CHT) and is certified to provide rest home, hospital (medical and geriatric), and dementia levels of care for up to 70 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. 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.

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

This certification audit has identified a shortfall related to complaints management and completion of interRAI assessments.

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

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

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

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Activities developed cover a twenty-four-hour period for residents in the special care unit. Residents and family/whānau expressed satisfaction with the activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current certificate of public use is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Appropriate emergency equipment and supplies are available. An approved evacuation scheme and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. The special care unit is secure, with a secure outdoor space. Security is maintained.

## 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. There is an outbreak and pandemic response plan in place, and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques, and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Amberlea Hospital and Rest Home (hereafter referred to as CHT Amberlea) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan and demonstrated in practice. There are clear processes to include tikanga in everyday practice. Staff have completed cultural training around Te Tiriti o Waitangi.</p> <p>Links have been established with local iwi, staff (when Pasifika staff are employed), current residents and their family/whānau. Residents' family/whānau and staff provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities, and their dietary needs. The service can also access kaumātua from Health New Zealand and other Māori organisations for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The CHT Amberlea business plan has documented actions of a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identify as</p>

		<p>Māori. The service has signage throughout in te reo Māori and the Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori, sign language and English, with pamphlets available.</p> <p>Interviews with eighteen staff (eight healthcare assistants [HCAs], three registered nurses [RNs], acting clinical coordinator, clinical coordinator [CHT Lansdowne], one activities coordinator, one maintenance technician, one contracted interim chef manager, one contracted kitchen hand and one contracted cleaner), and two managers (care home manager and area manager) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 is the basis of the CHT Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging Pacific cultural norms and values, respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There were no residents identifying as Pasifika at the time of audit. The residents' family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with four residents (rest home), and seven family/whānau (four hospital and three dementia) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>CHT Amberlea actively consults with Pacific communities to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. There is an active Māori and Pasifika working group at CHT which is led by CHT cultural lead. There are relationships and consultation with Pacific providers, who visit to provide services for Pacific people.</p> <p>The Code is accessible in a range of Pacific languages. There are staff employed that identify as Pasifika. The service continues to provide equitable employment opportunities for the Pacific community.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code is displayed in English, sign language and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The care home manager, acting clinical coordinator, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the care home and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are not always linked to the complaints process (link 1.8.3). The service recognises Māori mana motuhake through its Māori health plan, and staff could describe how they fully support the values and beliefs of any Māori residents and family/whānau.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The HCAs interviewed described how they support residents to choose what they want to do each day. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. The CHT Amberlea annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Resident and family/whānau interviews confirmed that residents are treated with respect and their dignity maintained. Feedback including</p>

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

		<p>range of ethnicities represented both among the residents and staff. Diversity is celebrated and cultural days are held to showcase food, dress, music, dance, and cultural practices.</p> <p>All staff are held responsible for creating a positive, inclusive, and safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The CHT Māori Health Plan includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical coordinator and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. The new business plan 2025-2026 feedback and consequent follow up by the service. Minutes are shared with family/whānau and residents who may not have been able to attend. Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify next of kin of any adverse event that occurs. The accident/incident forms reviewed identified next of kin are kept informed; this was confirmed through interviews with family/whānau. This is also documented in the progress notes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated, in addition to staff members and volunteers who speak the residents' languages. At the time of the audit there were no residents who could not speak English, and communication methods included the use of staff and volunteer</p>

		<p>interpreters, communication cards, and sign language.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand health specialist services.</p> <p>The delivery of care includes a multidisciplinary team. The management team were able to describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the care home, and felt informed regarding events and changes through regular communication and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent which were understood by staff. Resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the resident files reviewed, there were appropriately signed resuscitation plans and shared goals of care in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved. The Māori health plan is available to guide on cultural responsiveness to Māori perspectives of health.</p> <p>Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements were signed and sighted in all files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where appropriate. Residents' files reviewed within the special care unit (SCU), also known as the</p>

		dementia unit, had an activation letter on file.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	PA Low	<p>The complaints management policy and procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, collated in a complaint register. There were six formal complaints lodged 2024 year to date. One complaint in 2024 was resolved through the Nationwide Health and Disability Advocacy Service in 2025.</p> <p>All complaints were investigated; however, not all the complaints documented the satisfaction/or not of the complainants, or that advocacy services had been offered to complainants. Corrective actions are documented to improve the service following the receipt and investigation of the complaint; however, there was no documented evidence that the corrective actions had been followed up or closed off. The care home manager reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Residents have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>Resident and family/whānau meetings create a platform where concerns can be raised. During interviews with residents and family/whānau, they confirmed the care home manager is available to listen to concerns and acts promptly on issues raised.</p> <p>The Code is visible and available in te reo Māori and English. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality, and health and safety meetings (minutes sighted). Any higher risk complaints would be managed with the support of the area manager.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Amberlea is part of CHT Healthcare Trust (CHT). Fifty-six beds are certified as dual-purpose beds (including one double room), and there are fourteen beds in the dementia unit (including one double room). There were no residents in the shared/couples' rooms. It is noted that the previous audit report stated that there were 72 beds, including two shared rooms. The total number of beds has now been changed to 70 beds, as per the HealthCERT directive.</p> <p>On the day of the audit, there were 63 residents in total. There were 28 residents requiring hospital level of care, including one on a long-term support - chronic health conditions contract (LTS-CHC), one on a younger person with a disability (YPD) contract; and 21 rest home level of care residents, including one on respite care. There were 14 residents in the SCU. The remaining residents were all funded under the age-related residential care (ARRC) agreement.</p> <p>CHT has an overarching five-year strategy map (ending March 2029), with clear business goals to support organisational values. CHT's key business goals include to provide a truly resident focused experience; to provide equal access to aged care services; to maximise CHT's relevance in aged care; and to create an environment where our residents love to live, our community love to visit and our staff love to work. Key performance indicators and action plans are set both at organisational and care home level to support these goals. For example, in relation to the goal to provide equal access to aged care services, CHT aims to achieve this by providing affordable care enhancing the physical and mental wellbeing of their residents. Premium rates and room sizes are in line with those principles, supporting their goal.</p> <p>The 2024-2025 business plan has been implemented at CHT Amberlea and includes a mission statement and operational objectives with site specific goals related to (but not limited to) budgeted occupancy; resident satisfaction including customer engagement, effective communication (shared goals of care), and welcome; enhancing meaningful and culturally safe activities; staff education on sector standards; improving resident safety by reducing hospital acquired infections and falls rates; improved use of information technology and group resources to support effective documentation; enhancing the laundry service (weekly clothing audits); and enhancing</p>
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	<p>staff retention and satisfaction with the introduction of the wellbeing platform. The new business plan 2025-2026 is being developed with the new care home manager. The care home manager reports on progress against goals monthly to the area manager.</p> <p>The governance body of CHT Healthcare Trust consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The chairperson of the Board is also an experienced director and chairs other organisational Boards. The strategic plan reflects collaboration with Māori, which aligns with Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>CHT's Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners and valuing each culture for the contributions they bring. Cultural advisors at the governance level ensure Māori have meaningful representation and substantive input into organisational operational policies. CHT's Māori health plan has a set of actions to address barriers to Māori accessing care and employment within CHT. The principles of these actions are also applied to people with disabilities. One of the actions from the Māori health plan is to develop meaningful relationships with kaumātua at governance, operational and service level. CHT have established a Māori working party to complement this action, including respected kaumātua. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety.</p> <p>There are two Board sub committees that are involved in the quality and risk management system: the Quality, Health &amp; Safety Committee (QHSC), and the Audit and Risk Committee. 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 CHT managers meetings, as well as being discussed in the monthly staff and quarterly quality, and health and safety meetings at care home level. The Audit and Risk</p>
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		<p>Committee assists the Board in fulfilling its responsibilities relating to accounting and reporting, and risk management practices.</p> <p>The CHT clinical quality lead provides oversight of the organisational clinical governance, working alongside the area managers to ensure a strong clinical quality culture. The three area managers provide clinical oversight for the care homes within their region. A detailed analysis of clinical data related to each care home is prepared and sent to the Board prior to every Board meeting. The data is included in the Quality Health and Safety Committee report. The clinical data is compared both internally, as well as externally against the national clinical benchmarking data for aged care providers. The reports provided to the Board provide an opportunity for discussions around issues raised and any corrective actions taken.</p> <p>There has been a change in the management team since the previous audit. There is a newly appointed care home manager who commenced employment within the last month, and a newly appointed clinical coordinator. An acting clinical coordinator and a clinical coordinator from CHT Lansdowne are supporting the team until the new clinical coordinator commences their employment in September 2025. The new clinical coordinator and care home manager are both experienced registered nurses with current practising certificates. The care home manager has previous experience in aged care at an operational level and with Health New Zealand. The team is also supported by an experienced area manager, CHT clinical quality lead, and care team.</p> <p>The newly appointed care home manager has completed more than eight hours of training related to managing an aged care facility, which includes monthly CHT specific business meetings and education/training, transformational leadership, and quality improvement 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>FA</p>	<p>CHT Amberlea 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,</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>skin tears, infections, medication errors) is collected, analysed at care home level, and benchmarked within the organisation and nationally with other aged care providers. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed six-monthly by the area manager. These have been completed comprehensively, and corrective actions have been documented and signed off when achieved.</p> <p>The monthly staff meetings and bimonthly quality, and health and safety meetings provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Resident and family/whānau satisfaction surveys are completed monthly, with a selection of residents and family/whānau invited to participate each month (on the yearly anniversary of their admission), with the aim of covering all residents and family/whānau in a calendar year. The November 2024 year to date rolling responses reviewed reflects overall satisfaction with care, friendliness, activities, and likelihood to recommend. The service has key performance indicators with action plans related to the food services, noting that this was highlighted as an area for improvement. The outcome of the surveys and actions taken were discussed with the residents and family/whānau in resident meetings minutes (sighted), with evidence of improved satisfaction over the last three months.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha has meaningful representation through the three-monthly resident and family/whānau meetings. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed to ensure compliance with standards and contractual requirements. Staff have completed a range of training, including cultural awareness training, to ensure a high quality of service is delivered to all residents within the service.</p> <p>A health and safety system is being implemented; led by a health and safety committee that includes representatives from the RN team, HCA team, the clinical coordinator, and the care home manager. The maintenance technician is co-opted as required. All committee members have completed the required external training for health and</p>
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		<p>safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>A sample of accident/incident forms were reviewed, which indicated that these are appropriately managed, family/whānau informed and opportunities to minimise future incidents developed. Electronic forms are completed in full and are signed off by the care home manager or clinical coordinator. Incident and accident data is collated monthly and analysed by both the care home manager and the area manager. Results are discussed in the staff and quality, and health and safety meetings.</p> <p>Discussions with the care home manager and area manager clinical coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications were completed and no Severity Assessment Code (SAC) notifications to the Health Quality and Safety Commission were required for any adverse events. There were no outbreaks since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, registered nurses, casual, or bureau staff. There were no registered nurse vacancies reported at the time of audit. Out of hours on-call 24/7 cover is shared between the care home manager and clinical coordinator. The clinical coordinator, supported by the area manager, will perform the care home manager's role in their absence. Relieving care home managers are used for longer periods to perform the care home manager's role. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and staff and resident/family meeting minutes.</p> <p>The care home manager and clinical coordinator are both available from Monday to Friday. The roster reviewed evidenced registered</p>

	<p>nurse cover 24/7. The number of HCAs on each shift is sufficient for the acuity, layout of the care home, support with the workload, and to provide safe and timely care on all shifts. The allocation of staff include allocation to the first-floor dual purpose wing (predominantly rest home level of care) and the secure SCU (dementia unit). Predominantly hospital level residents occupy the ground floor. The RNs allocated to the first-floor dual purpose wing also oversee the SCU.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (through the Dayforce electronic learning management system), which includes clinical topics and 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-four healthcare assistants are employed. Thirty have achieved a level 3 NZQA qualification or higher. Sixteen healthcare assistants are allocated to work in the secure SCU, and thirteen have completed the required dementia standards; the other three are enrolled in the course.</p> <p>The CHT Amberlea orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for moving and handling, fire safety, and infection prevention and control. A record of completion is maintained on an electronic register.</p> <p>Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Six of ten registered nurses and the acting clinical coordinator and care home manager are interRAI trained. All registered nurses are encouraged to also attend</p>
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		<p>external training, webinars and zoom training where available. All staff, including registered nurses, attend relevant staff and registered nurse meetings when possible. All registered nurses are encouraged to attend in-service training and have completed training around infection control, including Covid-19 preparedness, effective communication in the care setting, accident and incident reporting, wound care, Code of Rights and introduction to dementia.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The workplace union delegates, staff and management collaborate to ensure a positive workplace culture. In 2024, a new CHT wellness programme was introduced for staff, which includes a wellness application (for phones) and a wellness platform for staff with an individual login. This includes healthy living education, recipes, movement initiatives, monthly wellbeing themes (for example, frugal February), and ongoing support to encourage staff to live balanced, healthy lives. This is reinforced by the Chief Executive Officer in a weekly message to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Eight staff files reviewed (one acting clinical coordinator, two registered nurses, four HCAs, and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. All staff who have been employed for over one year have had an annual performance appraisal completed.</p> <p>A register of practising certificates is maintained for all health professionals, including general practitioner, dietitian, podiatrist, pharmacists, and physiotherapist. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service</p>

		<p>demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential.</p> <p>Ethnicity data is identified for staff, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and electronic format. Electronic information is regularly backed-up using cloud-based technology and password protection. There is a documented CHT business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider.</p> <p>Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The care home manager (supported by CHT's area manager) is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>The service has a policy for managing inquiries and entry to the service in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, and where</p>

<p>between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, respite, and dementia level of care were in place. Residents in the special care unit (dementia) were admitted with consent from EPOAs, and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Exclusions from the service are included in the admission agreement. Family/whānau and residents are updated if there is a delay in entry to the service. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process, and the information that was made available to them on admission. The registered nurses reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this, with other options or alternative services discussed. The resident and family/whānau are referred to the referral agency, to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis is implemented to show entry and decline rates, including specific data for entry and decline rates for Māori.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and family/whānau. The registered nurses and the general practitioner (GP) stated that 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</p>	<p>PA Low</p>	<p>Eight resident files were reviewed. These included three rest home level of care, including one resident on respite care; three hospital level of care, including one young person with disabilities (YPD), and one resident funded under the LTS-CHC contract; and two residents requiring dementia level of care. The nursing team completed all</p>

<p>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>assessments, and these inform the development of resident care plans.</p> <p>Initial assessments and interRAI assessments were all completed within the required timeframes. Although the sample of files reviewed care planning documentation were completed within the timeframes required, the incidental sample of the interRAI database evidence 10 interRAI assessments across the service were overdue for review.</p> <p>Initial care plans were developed, and long-term care plans were all linked to interRAI assessments, with all triggered outcomes scores identified. These were reviewed at least six-monthly or when there was a significant change. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms. Where an interRAI was not required to be completed (for YPD and LTS-CHC), a suite of assessment tools inform the care planning process to ensure all risks and early warning signs related to their health conditions are addressed.</p> <p>Residents and/or family/whānau interviewed have reviewed and approved their plan of care. All assessment tools included consideration of resident's lived experiences, cultural needs, values, and beliefs. The registered nurses reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the residents' files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health and wellbeing of the residents. Behaviour management plans were completed for residents in the special care unit (SCU) and for other residents with behaviours that challenge. Triggers were identified, and strategies to manage these were documented. Behaviours that challenge were monitored and recorded</p>
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	<p>on the behaviour monitoring charts.</p> <p>The service has a GP who visits weekly and is available 24/7 when required. Three-monthly reviews were completed promptly or, where required. Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. Residents' care was evaluated on each shift and reported in the progress notes. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed-upon goals. There were detailed documented strategies to maintain and promote residents' independent wellbeing. The registered nurses reported that all referrals for residents who need behavioural support are sought from other agencies as required.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. Allied health interventions were documented and integrated into care plans. A podiatrist visits six-weekly, and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse are available as required through the local Health NZ service. The GP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapists, activities staff, kitchen staff, HCAs, and other allied health team members, residents, and family/whānau. Any change in condition is reported to the interim clinical coordinator, registered nurses, and GP, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts</p>
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		<p>were completed: weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; and food intake and output charts. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports were reviewed and evidenced by timely nursing follow-up.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were a total of twelve active wounds, which included six minor skin tears, six chronic ulcers, and no pressure injuries. The electronic wound care plan documents assessments, wound management plans and evaluations are documented with supporting photographs and wound assessments. Health NZ specialist wound nurse, and the GP have input into chronic wound management. Registered nurses and HCAs interviewed stated that adequate clinical supplies and equipment are provided, including continence, wound care supplies, and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>An improvement is required to ensure that all interRAI assessments are completed in a timely manner.</p> <p>The Māori health care plan in place 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 Māori health care plan. The registered nurses reported that 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. The staff confirmed they understood the process to support residents and family/whānau. Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. 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>
Subsection 3.3: Individualised activities	FA	The service employs a team of two activities coordinators and one

<p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>diversional therapist. The activities team implement the activities programme in each unit, which reflects the physical and cognitive abilities of the resident groups. There is an annual special events calendar that is overseen by the activities team at the head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, whānau and EPOAs. These were completed within two to three weeks of admission.</p> <p>A monthly activities plan is posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities are written on the whiteboard. Residents are invited daily to activities on the schedule. Interested family/whānau are also given a copy of the activities calendar, so that they can join if they would like. The activities are varied and appropriate for people assessed as requiring rest-home, hospital and dementia level of care.</p> <p>The planned activities and community connections were suitable for the residents. The activities coordinator reported that activities are provided separately in the three respective wings. The activities on the programme included: walks; pet therapy; happy hour; church services; news and views; ball games; bingo; wordsearch; singalong; walks; floor games; van outings; music; waiata; quiz questions; shopping; movies; art; and craft. Three-monthly resident meetings provide a forum for feedback relating to activities. Activity participation registers were completed daily. Residents were observed participating in a variety of activities on the audit days.</p> <p>Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. There were 24-hour activity plans, which included strategies for distraction and de-escalation, completed for residents in the dementia wing. Activities are offered at times when residents are most physically active and/or restless. Each resident has a resident life experience, detailing the past and present activities, career, and family/whānau.</p> <p>The activity coordinator reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with the community Kapa haka group, and by celebrating national cultural events and Māori language week.</p>
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		EPOAs, family/whānau and residents reported satisfaction with the level and variety of activities provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care and policy. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews.</p> <p>A total of sixteen electronic medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements, on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Medications with a short shelf life were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team, when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures were conducted regularly, and deviations from normal ranges were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment room, and cupboards. There were no residents self-administering medications. Appropriate processes were in place to ensure that residents who are self-administering medicines do this safely. A self-administration of medication policy was in place</p>

		<p>when required. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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 kitchen service complies with current food safety legislation and guidelines. The food service is contracted to an external catering contractor with food prepared and cooked on site by a chef manager, who is supported by another chef (weekend) and a kitchen assistant. All have recognised food safety qualifications and relevant experience working in a kitchen environment. Kitchen staff have current food handling certificates. The interim chef reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people.</p> <p>The is a current food control plan. A registered dietitian has reviewed the menu. Diets are modified as required, and the kitchen staff has confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying nutritional requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for all residents throughout the day and at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Calibration of thermometers is completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers is maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in</p>

		<p>an unhurried fashion.</p> <p>The interim chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups,' hāngi, Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The interim clinical coordinator reported that discharges normally go into similar facilities. The nursing team oversees discharges and manages the process until the resident leaves the facility. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented in the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP require a resident's information, a written request is required to transfer the file.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</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</p>	FA	<p>The building has a current building warrant of fitness. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with</p>

<p>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>mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.</p> <p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges.</p> <p>The service employs a maintenance technician, who works three days a week and reports to the maintenance supervisor. Certified tradespeople carry out reactive maintenance where required. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The service is on two levels. The two double/shared rooms have dividing curtains for privacy; noting that both had single occupancy during the audit. The ensuites are spacious and safely accessible with a hoist and/or mobility equipment, as observed on the audit day. All ensuites have external windows to provide natural light and have appropriate ventilation and central heating.</p> <p>Each floor level of care has a small kitchen that staff and residents can use to make drinks for residents. There are also nurses' stations, large dining and lounge areas, private areas, and quiet rooms. Equipment in the kitchens is safe, including for residents in the SCU.</p> <p>All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the activities lounge area on each floor. Residents' rooms are personalised according to their preferences. All rooms have external windows to provide natural light, appropriate ventilation, and heating.</p> <p>The grounds and external areas are well maintained. External areas</p>
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		<p>are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. There were not any residents who smoked on the audit days. Entry to the SCU is by keypad door code. The outdoor areas have seating and shade.</p> <p>The maintenance supervisor reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible to staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. Fire and Emergency New Zealand have approved a fire evacuation scheme. A trial evacuation drill is performed six-monthly. The staff orientation and ongoing training programme includes fire, emergency, and security training. There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, a generator, and gas BBQs to meet the requirements for residents and rostered staff. The amount of emergency water available meets the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of HCAs hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance technician checks monthly. Call bell audits were completed as per the audit</p>

		<p>schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>A visitors' policy and guidelines are available to ensure that residents' safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the clinical quality lead, an external infection prevention and control expert, and in collaboration with the CHT infection control staff. Infection control data is also sent to CHT head office, where it is reported at monthly Board meetings. The data is also benchmarked with other CHT care homes. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from an external contracted company, and from Health NZ.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the care home. Residents and staff are offered vaccinations as required.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is approved by governance, and links to the quality management and incident management system. The programme is reviewed annually. A registered nurse oversees infection control and the AMS programme across the service as the infection control resource nurse (IFCRN). The IFCRN work alongside</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>a committee with representation from all departments. The job description outlines the responsibility of the role.</p> <p>The service has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation, planning, and the management of outbreaks. The plan is tested at regular intervals. 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 general practitioner, laboratory, external consultant, and Health NZ infection control nurse specialist. The IFCRN has input into purchasing supplies and equipment.</p> <p>The online infection control manual from Bug Control outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by clinical quality lead, Bug Control in consultation with infection control resource nurses. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, and internal audits have been updated to include this. There are processes in place to ensure single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents. Māori protocols are adhered to, and staff are able to describe these practices, acknowledging the spirit of Te Tiriti o Waitangi. There is a process in place to consult with the IFCRN, should any changes to the facility be planned.</p> <p>Infection control audits are conducted. The infection control policy states that CHT Amberlea is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on pandemic policies and procedures through resident meetings, newsletters, and emails.</p>
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<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>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The general practitioner reviews antimicrobial use monthly, by signing the antimicrobial quantity and quality report provided to them. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>Infection rates are collated monthly and reported to the quality, health and safety, and staff meetings, as well as CHT head office (clinical quality lead). Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic resident management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, health and safety, and staff meetings and sent to CHT head office.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives email notifications and alerts from CHT head office and Health New Zealand for any community concerns. All communication between the facility, residents, family/whānau and external services occur in a culturally appropriate manner.</p> <p>There have been no outbreaks since the last audit. The acting clinical coordinator stated toolbox meetings and debrief meetings for 'lessons</p>

		<p>learned' will be implemented and documented should this occur. The HCAs confirmed they are well trained to respond rapidly should an outbreak occur. There are supplies of personal protective equipment available for staff, residents, and visitors.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a secure cupboard on the cleaning trolley, and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection (goggles and face shields) is available. Staff have completed chemical safety training in the last 12 months. A chemical provider monitors the effectiveness of chemicals. Cleaning services are provided by on-site cleaners who are contracted by an external service. There are centrally located sluice rooms (with a sanitisers), stainless steel bench, and handwashing facilities. The sluice rooms are kept closed when not in use.</p> <p>All laundry for CHT Amberlea is processed off site by a contracted service provider. All dirty laundry is sorted into appropriate colour coded bags by HCAs and left at the collection point for the external contractor to pick up. There are defined clean/dirty areas for the pickup and drop off, with a separate room dedicated to the receipt and sorting of clean laundry including linen. There is a daily receipt of clean laundry which is sorted out and delivered to resident's rooms in baskets by the HCAs. The numerous linen cupboards and trolleys were well stocked. Linen is transported on covered trolleys to the linen cupboards.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. The cleaner interviewed had a good understanding about cleaning processes and requirements related to infection prevention and control. Residents and family/whānau interviewed were satisfied with the standard of cleanliness, but had constructive</p>

		<p>feedback regarding laundry services.</p> <p>The IFCRN has oversight of the facility testing and monitoring programme for the built environment with support from the area manager. The IFCRN confirmed they ensure to provide support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance body is aware of its responsibilities in respect of restraint elimination. The restraint policy confirms that any consideration of the use of restraint and application must be done in partnership with family/whānau. The choice of device must be the least restrictive possible. If restraint were to be considered at any time, the facility will work in partnership with Māori, to promote and ensure services are mana-enhancing. At the time of the audit, the facility was restraint free.</p> <p>The restraint coordinator confirmed that the service is committed to providing services to residents without the use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications, and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>The complaints management policy and procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, collated in a complaint register. Complaints are always investigated with comprehensive notes recorded. Some complaints included documentation of resolution and indications of satisfaction of the complainant. Complainants were only sometimes advised of advocacy services.</p> <p>Staff reported they are made aware of complaints during handover and in meetings. Complaints are benchmarked within CHT facilities.</p>	<p>(i). Not all complainants were informed of advocacy services.</p> <p>(ii). The complaints register did not always indicate that complaints had been resolved, or indication of satisfaction of the complainant re the investigation noted.</p>	<p>(i). Ensure that each complainant is informed of advocacy services.</p> <p>(ii). Ensure documentation is completed when complaints have been resolved, including indication of satisfaction of the complainant.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>Initial assessments and initial interRAI assessments were all completed within the required timeframes. Ten InterRAI assessments were noted to be overdue. Documentation of care plans was completed within the timeframes required. Initial care plan and long-term care plans were all linked to that last interRAI assessment. These were reviewed at least six-monthly or when there was a significant change. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms.</p>	<p>Ten interRAI assessments were overdue in the interRAI database, with timeframes of over a month.</p>	<p>Ensure interRAI assessments are completed in a timely manner as per policy, standards, and funder requirements.</p> <p>90 days</p>
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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.

No data to display
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End of the report.